#### COUNTY COUNCIL OF FIFE.



# ANNUAL REPORT

ON THE

HEALTH AND SANITARY CONDITION
OF THE COUNTY AND DISTRICTS

DURING

1924

BY

## G. PRATT YULE,

M.D., F.R.C.P., B.Sc. (Pub. Health), Edin.
MEDICAL OFFICER OF HEALTH.

CUPAR-FIFE:
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---1925 (A5637).

# To the County Council and District Committees of the County of Fife.

My LORDS AND GENTLEMEN,

I have the honour to present, in accordance with the requirements of the Scottish Board of Health (Scotland) Act, 1897, the Report on the Health and Sanitary Condition of the County of Fife for the year 1924.

Conditions vary from District to District but the health of the County generally has been very satisfactory during the year, morbidity and mortality rates maintaining a comparatively low level.

I have the honour to be,

My Lords and Gentlemen,

Your obedient Servant,

G. PRATT YULE, M.D., B.Sc., F.R.C.P.E.,

County Medical Officer.

April, 1925,

Public Health Department, County Buildings, Cupar-Fife.



### COUNTY OF FIFE.

# Report by County Medical Officer of Health for the Year 1924.

#### POPULATION.

THE population of the Landward Area of the County, estimated by the Registrar General to the middle of 1924, was 108,161, being a decrease of 1,897 from the corrected Census figure of 110,058 of 1921. The estimated District populations are as follows:—

Cupar District	•••		•••	14,827
Dunfermline District		•••	•••	34,897
Kirkcaldy District		•••		43,830
St Andrews District		🗆	•••	14,607

#### BIRTHS.

During 1924 there were registered within the County Landward area 2,608 births, of which 2,425 were legitimate and 183 illegitimate.

10-1-10-1	Births	(Total)	Illegitim	ate Births
Area	Number	Rate per 1000	Number	Percent'ge of Total Births
Cupar District Dunfermline District Kirkealdy District St Andrews District	249 831 1249 279	16.79 23.78 28.49 19.10	32 47 81 23	12.89 5.65 6.48 8.24
County Landward	2608	24.02	183	7.01

The following table shows the number of births registered in each of the four Districts and the County during the last fifteen years:—

Year	Cupar District	Dunf'line District	Kirk'ldy District	St And. District	Fife County	Rate per 1000
1910	320	1002	1399	311	3037	33.8
1911	310	913	1334	288	2845	27.0
1912	284	949	1451	295	2979	27.8
1913	281	961	1359	282	2883	27.9
1914	285	983	1479	256	3003	28.9
1915	253	877	1229	266	2625	24.9
1916	259	842	1098	221	2420	22.6
1917	248	776	1008	223	2245	20.7
1918	229	873	1086	213	2401	21.7
1919	238	854	1151	215	2458	21.0
1920	306	1049	1473	310	3138	23.5
1921	282	1032	1359	289	2962	26.9
1922	255	825	1177	263	<b>252</b> 0	22.4
1923	232	780	1242	262	2516	21.5
1924	249	831	1249	279	2608	24.0

The number of births recorded during 1924 shows an increase of ninety-two over the corresponding return for 1923 and of eighty-eight over the figure for 1922: there is a decrease of six hundred and two birth events from the figure for 1908, the record year in County birth returns.

#### GENERAL MORTALITY.

The number of deaths, corrected for transfers allocated to Fife County during the year 1924 was 1,322 as compared with 1,243 in 1923 and 1,417 in 1922. The death-rate of the County in 1924 was 12·22 per 1000 of a population estimated to the middle of the year of 108,161.

The number of deaths and relative rates for each of the four Districts and the County landward are set forth below:—

Area	4		Number	Rate per 1000
Cupar District -	-	-	 226	15.24
Dunfermline District	-	-	 408	11.69
Kirkcaldy District	-	-	 494	11.27
St Andrews District	-	-	 194	13.21
Fife County -	-	-	 1322	12.22

The appended table shows the age and sex distribution of the more common causes of death in the County during 1924.

# CAUSES OF DEATH. FIFE COUNTY, 1924.

		All Ages	v <sub>2</sub>	,	,	,	,	,		1	;	ì		i.	85
CAUSE OF DEATH	Both	Males	F'males	ī	<u></u> I	2-	-01		79-	30-	-0 <del>-</del>	-00	-00	<u>-e/</u>	up- ward
		,	,				,								
Measles	15	9 -	9	30	xo -	:	_	:	;	:	:	:	1: 1	:	:
Scarlet Fever	<b>-</b> ;	٠,٠	: 10	: 9		:-	:	:	:	:	:	:	:	:	:
Whooping Cough	= °	٥-	ာင	0	4-	٦,	:-	:	:	:	:	:	. 0	:	:
Diphtheria	ر د در	7 6	2 5	: <	٦ د	٦,	٦.	: `	: `	: 9	:0	: 0	: =	:0	:0
Influenza		34	ائ آ	ກ	٥٥	٦ ٥	٦,	4	4	0 -	00	7 -	14	0	1
Encephalitis Lethargica	= '	9 -	ဂ္	:	.77	00	_	:	:	_	3	-	:	:	:
Cerebro-Spinal Meningitis	<b>-</b> 1	<b>-</b>	:-	:	_	:	:	:	:	:	:	: 6	:-	:	:
Other Epidemic Diseases	2	9 8	7 6	3	: -	: -	: '	::	: 0	::	:	ر د در		:-	:
Respiratory Tuberculosis	56	92.0	85 7	; •	٦,	۰,	4.0	11	01	=	D C	4	1	-	:
Meningeal Tuberculosis	=:	9 ì	G I	٦,	41	_	27	:	<b>-</b>	: *	Ν-	:	:	:	:
Abdominal Tuberculosis	2	ر د	ۍ	-		:	:	: `	:	٦,	٦,	:	:	:	:
Other Tuberculous Disease	0	9	4!	:	:	27	:	4	:	<b>-</b> 1	٦ ١	27 8	: 0		: 6
Malignant Tumours	115	40	ç/	:	: '	:	: 9	:	9	_	cr ·	7.7.	40	C7.	0
Rheumatic Fever	9	က	<b>-</b> - (	: '	٠,	:	:o	:	:	:	<b>-</b>	:	_	:	:
Meningitis (not Cerebro-Spinal or T'b'culous)	4	27	<b>3</b> 7	က	_	:	:	: '	:	: '	::	: 8	: 9	: 6	::0
Apoplexy	128	53	75	:	:	:	:		:	27 1	7.	25	42	4.0	77
Heart Disease	122	64	288	:	:	:	:		27	٠ 2	13	77.	44	3,0	0 6
Diseases of Arteries	30	91	11	:;	: .	: '	:	:	; '	: •	:	ဝ င်	4.5	x e	90
Bronchitis	90	47	53	8 8	4 6	27 (	:'	: 6	<b>-</b> - (		118	7.0	31	202	ာ င
Pneumonia (all forms)	08.	36	44	200	22	27 -		3	77	4	~ c	9-	ю <b>-</b>	ର ବ	40
	13	- (	٥٥	7 7	: ٩	-	-	:	:	:	4	1	-	2	1
Diarrhea and Enteritis (under 2 years)	120	01	0	14	0	:0	: ಆ	: 67	:	:-	:-	:-	:-	:	: :
Appendictes	3 10	-	. 4	:	:	1	>	0	:	-	. –	-	-	-	
Nephritis (Acute and Chronic)	27	10	17	: -	: :	: ;	: :	-	:-	9 60	. TO	က	000	. 4	-
Puerperal Sepsis	.01	:	2	:	:	÷	:	:	7	1	:	:	:	:	:
Other Dis. and Accid. of Pregnancy, &c.	9	:	9	:	:	:	:	-	က	23	:	:	:	:	:
Early Infancy a	114	29	52	112	23	:	:	;	:	.:	:	:	į	:	:
Suicide		27 12		: 6	:0	:0	:0	: 5	-0	::	2) 0	ν =	: ~	: rc	:0
Other Violent Deaths Other Defined Diseases	254	119	135	23	4 rc	4 00	4 rc	11	o	120	50°	25	41	7.	31
Causes, Ill-Defined or Unknown	91	10	9	2	:	:	:	:	:	-	1	4	4	4	:
Total	1322	642	089	219	9/	55	28	55	52	20	114	145	255	220	99
Percentage	100.00	48.56	51.44	16.58	5.76	1.68	2.13	4.17	3.95	5.3]	8.64	10.98	19.30	16.51	4.99
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#### INFANTILE MORTALITY.

The following table sets forth the more common causes of death among infants under one year of age.

DEATHS OF INFANTS UNDER ONE YEAR—FIFE COUNTY, 1924.

Cupar District	Dunfermline District	Kirkcaldy District	St Andrews District	Fife County	Per Cent.
				0	4.11
•••	Z		1		}
	•••	3	•••	3	1.37
•••	_	3	•••		2.74
	2				1.37
		1		1	0.46
					-
	3			3	1.37
	7	11		18	8.21
1	12	7		20	9.13
1 3					
	1	1		2	0.92
2		8		14	6.39
-	1			1	0.46
	-	• • • • • • • • • • • • • • • • • • • •		-	0.10
15	40	47	10	112	51.14
				1 -	11.41
	0	10	2	20	11.41
		,			0.00
•••	1	1	•••	2	0.92
18	84	104	13	219	100.00
	    1 2 15	2 3 2 3 7 1 12 1 2 4 1 15 40 8 1	2 6 3 3 2 1 1 3 1 7 11 1 12 7 1 1 2 4 8 1 15 40 47 8 15 1 1	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$

The deaths of children under one year of age numbered 219 during 1924, equivalent to an infantile mortality-rate of 83.97 per 1000 births registered during the year. There were 126 deaths of infants under one year recorded in 1923, equivalent to an infantile mortality-rate of 77.90 per 1000 registered births.

The more important causes of infant deaths were:—Diseases of Early Infancy and Malformations, which accounted for 112 or 51.14 per cent. of the total. This cause shows an increase of 6

over last year's figure. Diseases of Respiratory System, chiefly bronchitis and pneumonia accounted for 38 or 17.34 per cent. of the total deaths of infants. Measles and whooping cough caused 9 deaths or 4.10 per cent. which shows a marked fall from the corresponding figures of 25 for 1922 and 15 for 1923. Diarrhoea and enteritis were responsible for 14 or 6.39 per cent., a similar figure to that of last year. The infant mortality-rate of 83.97 is somewhat higher than last year's return, the lowest on record. It is noteworthy that the mortality among infants remains low despite the congested and overcrowded conditions pertaining in the western industrial districts of the County.

The following table sets forth the infant mortality-rates for the four Districts and Fife County for the last fifteen years:—

Year	Cupar District	Dunfermline District	Kirkcaldy District	St Andrews District	Fife County
1910	95	102	116	80	105
1911	77	104	108	48	97
1912	52	101	107	54	95
1913	60	81	98	89	87
1914	49	113	108	74	101
1915	71	111	128	105	114
1916	54	76	100	63	81
1917	60	99	102	63	94
1918	83	103	98	85	97
1919	67	90	91	65	86
1920	78	84	89	32	81
-1921	74	88	85	48	82
1922	85	101	104	77	99
1923	77	80	77	64	78
1924	72	101	83	47	84

#### PRINCIPAL EPIDEMIC DISEASES.

These include enteric (or typhoid) fever, measles, scarlet fever, whooping cough, diphtheria, and diarrhoea, and enteritis (under two years) and the number of deaths caused by them during 1924 is shown in the following table:—

PRINCIPAL EPIDEMIC DISEASES, DEATHS AND RATES, 1924.

	Cupar	Dun- ferm-	Kirk-	St An-	Fife (	County
Disease	Dist.	line Dist.	caldy Dist.	drews Dist.	Num- ber	Rate per 1000
Typhoid Fever						
Measles	1	2	9		12	0. 11
Scarlet Fever		•••	1		1	0.009
Whooping Cough	1	3	5	2	11	0. 10
Diphtheria	1	1	1		3	0. 02
Diarrhœa and Enteritis						
(under 2 years)	2	5	13		20	0. 18
Total	5	11	29	2	47	0. 43
Rate per 1000 -	0.33	0.31	0.64	0.13	0.43	
Kate per 1000 -	0.33	0.31	0.64	0.13	0.43	

The deaths due to the principal epidemic diseases during 1924 were 47 in number. There were 77 in 1923; in 1922 and 1921 there were 107 and 57 respectively under this heading.

There were no deaths from typhoid or paratyphoid fever during 1924: in 1923 there were three deaths from typhoid fever. Scarlet fever caused one death in 1924: in 1923 there were two. Diphtheria was responsible for three deaths during the year, one less than in 1923. Diarrhoea and enteritis caused twenty deaths of children under two years of age as compared with sixteen in 1923. It is regrettable that this cause should continue to take such toll of infant life. The deaths from diarrhoea and enteritis under two years are however on the down grade: for the five years 1911-15 there were 204 deaths from this cause while the number for the quin quenuium 1920-24 was 109. Doubtless a number of factors are responsible for the decrease: probably not the least important is the better-informed care and supervision of infants ensured by the child-welfare movement and the work and teaching of the health visitors.

#### DEATHS FROM TUBERCULOSIS.

The number and age distribution of the deaths from pulmonary and non-pulmonary tuberculosis for the year 1924 are set forth in the following table:—

COUNTY AND DISTRICT DEATHS FROM TUBERCULOSIS, 1924.

	000		2 62	4	4	. 1	~	ο. ·	۰ (		· ·	
All Ages	Rate per 1000	0.5	0.62	0.5	0.54	1	0.2	0.25	0.36		0.28	0.83
All.	Number	∞ <u></u>	288	∞	59	100.00	4	∞ <u>:</u>	و د د		31	90
,	45 upwards	67 7	4· 00	1	15	25.42	1	67 G	× -	•	6 19.35	21.25.33
7	729–45	4, 1	0 41	4	27	45.76	1	١٩	~ ~		9.68	33.33
20 2	0Z-0I	<b>—</b> л	o 4	_	11	18.64	1	10	77 -	1	4 12.91	15
1	61-6	1	-03	83	5	8.48	2	۱۹	ا د.		16.13	10
Under 5	Years		٦	1	1	1.70	1	<b>9</b> ၊	~		13 41.93	14 15.56
		1	1 1	•		•	•	1			1 1	
		•	1 1	•	•	•		1				
			• •	٠	•	•	•	•	١ ،		1 1	
	AREA	ict -	District	District	1		ct -	District	District -	O ISOTTO	1 1	1 1
		Cupar District	Duntermine District Kirkcaldy District	St Andrews District	Fife County	Per cent.	Cupar District	Dunfermline District	Kirkcaldy District	a a a a a a a a a a a a a a a a a a a	Fife County Per cent.	Total Tuberculosis- Fife County Per cent.
		9	yrsn ileoli	lmor	n In In In			91.C	duT duT	. re esi(	I Office	Tota

There were ninety deaths accredited to tuberculosis in 1924 as compared with seventy-six in 1923, eighty-nine in 1922 and seventy-nine in 1921.

Pulmonary tuberculosis caused fifty-nine deaths, as against forty-six in 1923; non-pulmonary tuberculosis caused thirty-one, as compared with thirty in 1923.

The total deaths from tuberculosis since active preventive work was taken up in 1912 are diminishing although the deaths were higher in 1924 than in any year since 1920.

		Pulmonary.	Non-Pulmonary.	Total.
1915-19	•••	371	224	595
1920-24	•••	263	161	424

The average yearly deaths from tuberculosis during the five years 1915-19 were 119 while during the last five years 1920-24 the average has fallen to 84.8.

#### DEATHS FROM CANCER.

The number of deaths and mortality rates per 1,000 of the estimated population from cancer for the four Districts and County in 1924 were:—

DEATHS FROM CANCER, 1924.

Dis	strict			Number	Rate per 1000
Cupar - Dunfermline Kirkcaldy St Andrews		:	-	19 30 39 27	1.28 0.85 0.88 1.84
Fife County		-	-	115	1.06

The annual return for cancer deaths still keeps mounting: there is an increase of two over the figure for 1923.

#### DEATHS FROM VIOLENCE.

There were 64 deaths from violence, including suicide, a decrease of 9 from last year's figure. Suicide accounted for 5 deaths in all, 2 males and 3 females, a decrease of 5 from the figure for 1923.

DEATHS FROM VIOLENCE (INCLUDING SUICIDE), 1924.

	District		Number	Rate per 1000
Cupar Dunfermline Kirkcaldy St Andrews		-	10 16 31 7	0.67 $0.45$ $0.70$ $0.48$
Fife County	_	-	 64	0.59

#### DEATHS FROM RESPIRATORY DISEASES.

There were one hundred and ninety-three deaths from respiratory diseases during 1924, equivalent to a death-rate of 1.78 per 1000 of the population. There were one hundred and forty-six deaths from these causes in 1923 and one hundred and seventy-five deaths in 1922.

Pneumonia has caused eighty deaths and bronchitis one hundred, together amounting to 93.26 per cent. of all deaths from respiratory causes.

The deaths from respiratory diseases amounted to 14.59 per cent. of the total County mortality for 1924.

Of the total deaths from respiratory diseases, sixty-four or 33.16 per cent. occurred at ages under five years, of these forty or 62.50 per cent. were children under one year of age.

DEATHS FROM RESPIRATORY DISEASES, 1924.

1							
All Ages	Rate per 1000	0.40 1.08 6.70 0.34	0.74	1.34 1.03 0.84 0.47	0.92	0.12	1.78
All	Number	388 31 5	80 100.00	20 36 37	100	13 100.00	193 100.00
ì.	45 upwards	5 11 8 4	28 35.00	18 28 21 7	74 74.00	9	111 57.51
1	20-40	1 4 1	6 7.50	-   -	2.00		8 4.14
15-25		1 2 7	3.75				3
5-15		- 23	3.75	%	2 2.00	2 15.38	3.63
Under 5	Years	1 23 16 —	40 50.00	1388	22 22.00	15.38	64 33.16
		1 1 1 1	1 1	1 1 1 1	1 1		1 1
	Авка						
V		Cupar Dunfermline Kirkcaldy	Fife County Percentage	Cupar - Dunfermline Kirkcaldy St Andrews	Fife County Percentage	(Fife County (Percentage	Fife County Percentage
		Pneumonia (all forms)		Bronchitis		Other Respira- tory Diseases	Fotal Respira- tory Diseases

#### HOSPITAL TREATMENT OF INFECTIOUS DISEASES.

The table set forth on next page gives the number of cases of certain infectious diseases notified and the numbers removed to isolation hospital for the four County Districts and the County.

The District of St Andrews achieved the highest percentage of cases removed to hospital with 80.72 per cent.; Kirkcaldy District gained second place with 76 per cent.; Cupar District was third with 65.71 per cent. and Dunfermline District last with 64.16 per cent. The two latter districts are lower than last year, the two former, higher.

HOSPITAL TREATMENT OF CERTAIN INFECTIOUS DISEASES, 1924.

	2	Ounen Dietniet	Dunfermline	mline	Kirkcaldy	aldy	St Andrews	Irews	Fife C	Fife County
	Cupar	District	Dist	District	Dist	District	District	rict	DIT T	ouncy
Disease	Cases Noti- fied	Cases remov'd to Hosp'l	Cases Noti- fied	Cases remov'd to Hosp'l	Cases Noti- fied	Cases remov'd to Hosp'l	Cases Noti- fied	Cases remov'd to Hosp'l	Cases Noti- fied	Cases remov'd to Hosp'
Scarlet Fever	31 9 10 16	29 7 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	94 1 1 31 1 65	84 47 2 21	153 80 12 22 22 1 82	141 77 10 3 3 1	58 4   8   18	56	336 142 17 66 1	310 135 12 6 6 6 69
Total	02	46	240	154	350	266	83	29	743	533
Percentage removed to Hospital -	65	65.71	64.16	16	76.	76.00	80.	80.72	11	71.73
Average Incidence Rate per 1000 of Population	4.	4.72	6.87	37	7.98	86	5.68	88	6.	6.86

#### NOTIFICATIONS OF INFECTIOUS DISEASES.

The number of cases of the compulsorily notifiable infectious diseases notified during 1924 was 1,115, being 157 less than in 1923, and 11 more than 1922.

Infectious Disease		Cupar District	Dunfermline District	Kirkcaldy   District	St Andrews District	Fife County
Scarlet Fever Diphtheria Typhoid Fever Erysipelas Puerperal Fever Cerebro-Spinal Fever - Pulmonary Tuberculosis - Non-Pulmonary Tuberculosis Ophthalmia Neonatorum - Acute Primary Pneumonia Influenzal Pneumonia		31 9 4 10 — 16 11 1 10 6	94 49 1 31 2 -65 29 27 73 10	153 80 12 22 3 1 82 61 19 94 7	58 4 -3  18 5 1 11 2	336 142 17 66 5 1 181 106 48 188 25
Total	-	98	381	534	102	1115

If the cases of chickenpox notified in terms of the Order of the Scottish Board of Health during 1923 are excluded, there is but little variation in the numbers of persons suffering from infectious diseases notified in the last three years:—1924, 1,115: 1923, 1,105: and 1922, 1,104.

Notifications of scarlet fever were 336, one less than in 1923. Diphtheria, 142 notifications, was 17 in advance of the number for 1923. The number of notifications of typhoid fever was 17, the disease occurring in the para-typhoid form in the Kirkcaldy District.

Generally, the incidence of infectious diseases throughout the County was low.

On the 26th December, 1924, the Scottish Board of Health issued an order making the disease known as infective jaundice notifiable during 1925.

Infective jaundice in man appears to be associated with a similar condition in rats. The disease has occurred among miners in the County in the past but would appear to have been limited to pits in the Lochgelly-Cowdenbeath area.

#### TUBERCULOSIS CONTROL.

The Administration of the County Tuberculosis Scheme within the landward area of the County and all burghs therein with the exception of Dunfermline and Kirkcaldy continues on the routine lines previously described.

The number of persons notified as suffering from tuberculosis, the number removed for Sanatorium treatment and the number dying from tuberculosis during 1924 have been given in the preceding tables: the age distribution of the patients notified and deceased is given in the tables at the end of this Report.

During 1924 arrangements were made for the admission of 223 patients to Glenlomond and from the districts of the following Local Authorities:—

Landward.—Cupar District 12, Dunfermline District 37, Kirkcaldy District 55, St Andrews District 10, Kinross County District 4.

Burghs—Buckhaven, Innerleven, and Methil 16, Burntisland 7, Cowdenbeath 11, Crail 1, Cupar 3, Dysart 4, Elie 1, Falkland 1, Inverkeithing 5, Kilrenny 2, Kinghorn 1, Kinross 9, Leven 3, Lochgelly 10, Newburgh 3, St Andrews 3, Tayport 2.

In addition, 10 patients were admitted for treatment at the cost of the War Pensions Authority, 11 from the Burgh of Dunfermline and 2 from Perth County.

During the year, additional nourishment was granted to 84 patients under treatment in their own homes at a cost of £175 14s 10d.

The articles of food usually given are milk, eggs, meat, butter, oatmeal, cod liver oil and malt.

The scheme whereby the cost of drugs prescribed by medical practitioners in the treatment of tuberculosis is defrayed by the County Tuberculosis Authority involved an expenditure of £186 9s 2d in respect of 237 patients: the number of practitioners prescribing was 32. During 1923, thirty practitioners prescribed for 262 patients at a cost of £190 11s 10d. During 1924, the average cost of prescriptions per patient was 15s 8½d.

During 1924, seven patients suffering from lupus were granted the cost of travelling between their homes and Edinburgh Royal Infirmary in order that they might undergo arc-light treatment, the approximate expenditure involved being under £50. results of treatment of lupus by arc-light were far in advance of the methods hitherto tried so far as could be judged, a report was submitted recommending the establishment of a centre for arc-light treatment within the County or, preferably, at the County Sanatorium, where the patients undergoing the treatment would be supervised by the Medical Superintendent and more particularly as the treatment might possibly be found of service for conditions other than those at present recognised as benefitting by it. The County Council referred the question to the Joint Sanatorium Board for Fife and Kinross which has approved the installation of an experimental set of arc lamps at Glenlomond: doubtless these will be installed and tried during the current year.

The following is a summary of the work of Dr M'Gillivray, Executive Tuberculosis Officer, for the year 1924:—

The work for the past year has been carried out on the same lines as before, there being no marked change in routine to record. All new cases have been seen and examined as soon as possible and usually within ten days after notification while a considerable part of my time has been spent in revisiting old cases to see that satisfactory progress is being maintained and the homes kept sanitary and hygienic. Contacts have been examined where possible and cases requiring or applying for domiciliary treatment

enquired into with a view to the granting of food in the form of milk, oatmeal, eggs or meat to suit individual cases.

On the whole there seems to be an improvement in the home conditions as regards cleanliness and care to prevent infection of others. The constant visitation of the Health Visitors in the various areas seems to be having the desired effect, and their campaign of education is still progressing steadily. Their reports at the end of each month are a great help as it enables me to keep in touch with cases where progress is unsatisfactory. Owing to the time taken up in travelling it is impossible to keep all old cases under observation but with the Health Visitors' reports as a guide, unnecessary waste of time is avoided and those cases most in need of care and treatment are followed up.

During the past year there has been marked difficulty in finding sufficient accommodation for the number of advanced patients desiring sanatorium treatment and there has been a considerable waiting list of both male and female patients throughout the year. It is not easy to account for this but probably a number of factors helped to bring it about. It appears to me that more advanced cases ask to be admitted than formerly. They seem to have a different view of sanatorium treatment now and are keener to benefit by it. This I think undoubtedly accounts for some of the congestion and it is difficult to see how one can refuse such patients admission if they express the desire for it. Many are quite unfit for removal and die before they can be admitted while others if they do not die in the institution tie up the available beds for a much longer period than walking cases—often for the better part of the year or longer. During the year the question of admitting adult surgical cases came up and several were taken in for treatment. They are as a rule only fit to go as sick patients and require prolonged treatment which adds to the congestion and waiting list. Yet I think it is advisable and necessary to have a few beds for such cases, there being no provision otherwise to deal with them as the general hospitals have not the available beds. During the summer the painting of the sick wards at "Glenlomond" excluded the admission of patients for a very considerable time and increased the waiting lists.

On reviewing the new cases notified during the year, it does not appear to me as if there were more advanced cases than in previous years but more have expressed the desire to benefit by sanatorium treatment. It is, I think, inevitable that there will always be a certain number of advanced cases due to various causes some altogether outwith the power of any medical practitioner to notify earlier. Occasionally some are missed till showing advanced signs but often they are of a type that to a cursory examination show little or no evidence of actual disease in the chest for a considerable time. It is often very difficult to examine such a case properly in the home but by having due regard to other things such as persistent cough, night sweats, langour, tachicardia or an evening temperature, it should lead to grave suspicion. Any patient showing such a combination of symptoms for any length of time should be regarded as a suspect even in the absence of any chest signs or of T.B. from the sputum. A single examination for T.B. giving a negative report is of no value and may be very misleading. When in doubt some practitioners ask the Tuberculosis Officer to see suspect cases, and if doubt still remains they are kept under notice or sent to "Glenlomond" for observation. With a single examination in the home and under home conditions it is often very difficult or even impossible to give a definite decision, and neither the Tuberculosis Officer nor the general practitioner can give unlimited time to individual cases. But in the sanatorium they can be observed by a trained staff under ideal conditions and with facilities for diagnosis which are not available outside. Should a case turn out to be non-tuberculous no harm is done. while if found to be positive the early treatment is all the more likely to lead to an early recovery. It is only by such close cooperation between the general practitioner, Tuberculosis Officer and Medical Superintendent at the Sanatorium that the best interests of the patient can be upheld and the problem of advanced cases dealt with.

The question of treating cases of lupus or skin tuberculosis was brought up this year by the application of several patients for a grant to cover travelling expenses to Sir Norman Walker's Arc Light Clinic at Edinburgh Royal Infirmary. In September,

along with Dr G. Pratt Yule, Chief Tuberculosis Officer, I visited the Skin Department of Edinburgh Royal Infirmary where this treatment has been carried out since February, 1924. We saw a considerable number of patients undergoing treatment, a few being from Fife County. All were very well pleased with their progress and keen to continue. There is no doubt that this new "Sunshine" cure as it is called is far in advance of anything hitherto tried. Lupus was practically an incurable disease before this method was adopted but now there seems to be good grounds for expecting a definite cure. One case seen at the Edinburgh Royal Infirmary Centre said she had been attending regularly for the past forty years and had been under all the different methods of treatment during that time without any benefit. When seen she had had four months of the new Sunshine cure for lupus of the face and the condition was practically healed. The treatment itself is very simple, consisting of two or three arc lamps in series and so arranged that the patients can sit on forms around the lights and expose the chest or back. The exposure is usually for three and a half to four hours at a sitting and patients can read, knit or sew while the treatment is going on. Judging from the results obtained by this method of treatment, the question of establishing a centre at some suitable place such as "Glenlomond" is well worth trying. The initial expense and running cost would be relatively small while the results obtained would, I think, justify the expenditure.

The following is a summary of the cases seen by me during the year:—

]	New Case	s		s to Old ses	Contacts			Homes	Ex-Ser. Men seen and	
Pul.	Non-Pul.	Doubtful	Pul. Non-Pul.		+	_	?	Visited	examd. in Office.	
268	183	34	515	161	8	32	17	1084	90	

(Sigd.) G. M. McGillivray, Executive Tuberculosis Officer.

#### TREATMENT OF VENEREAL DISEASES.

All Local Authorities within the Counties of Fife and Kinross are combined in a joint scheme for the treatment of venereal diseases, the centres, two in number, being situated within the Burghs of Kirkcaldy and Dunfermline. Dundee serves as a centre for the treatment of patients resident in the north and east of the County of Fife.

The administrative arrangements, hours of clinics and of treatment continue as previously reported.

In the autumn months of 1924, the arrangements under which free treatment is given and the hours at which patients are seen at the Treatment Centres were again widely advertised by posters throughout the Counties of Fife and Kinross.

Towards the end of 1924, arrangements were made with the Scottish Branch of the National Council for Combating Venereal Diseases for lectures and the exhibition of films illustrative of the evil effects of venereal diseases in various towns in Fife.

Lectures were given to men only, women only and to mixed audiences: in every instance large numbers attended and showed by their attitude their interest in the subject-matter of the lectures.

The information given must do much to dispel undue ignorance and would appear to be all to the good. Lectures with exhibitions of films were given in Cupar, Buckhaven, Cowdenbeath, Dunfermline and Lochgelly (two).

Travelling Expenses.—In necessitous cases or where the patient cannot obtain treatment if his travelling expenses are not provided, the cost of necessary travelling to the nearest treatment centre is furnished by the Joint-Committee. By arrangement with the Railway Company, vouchers exchangeable for railway tickets are provided by the Medical Officers at the Treatment Centres. The vouchers have proved convenient and useful. Since the arrangement started on 1st March, the amount spent on necessary travelling to the end of the year was £10 4s 1d.

In December, 1923 the question of the cost of the bacteriological investigation of morbid material from the Treatment Centres was taken up with University College, Dundee, an arrangement being arrived at whereby all routine examinations of material in connection with the treatment of venereal diseases within the area of the Joint-Committee were undertaken for a maximum payment per quarter (£60). The adoption of the scheme was delayed until 1st June: from this date to the close of the year, it has resulted in a saving of £89 7s.

There was one change in the Staff of Dunfermline Centre in 1924, Mr T. D. Watt, formerly employed at Edinburgh Royal Infirmary, being appointed as male-attendant.

The following are brief particulars of the work done during 1924:—

Dunfermline Centre.—There were 270 new patients (M. 191, F. 79) of whom 77 (M. 39, F. 38) suffered from syphilis; 121 (M. 106, F. 15) from gonorrhoea; 16 (M. 15, F. 1) from syphilis and gonorrhoea; and 6 males from soft sore: 50 patients (M. 21, F. 29) suffered from conditions other than venereal diseases. The total attendances at Market Street Dispensary during the year were 9,009 (syphilis 2,350, gonorrhoea 6,479, soft sore 35 and non-venereal 146). During the year 36 patients ceased to attend without completing treatment. The number of pathological examinations made during the year was 1,803: the number of injections of such drugs as arseno-benzol, mercury, bismuth, intramine, &c., was 2,851.

KIRKCALDY CENTRE.—During 1924, there were 291 new patients (M. 236, F. 55), of whom 91 (M. 63, F. 28) suffered from syphilis; 126 (M. 116, F. 10) from gonorrhoea; 9 (M. 7, F. 2) from syphilis and gonorrhoea; and 18 males from soft sore: 47 patients (M. 32, F. 15) suffered from conditions other than venereal diseases.

The total attendances were 3,539 (syphilis 1,080; gonorrhoea 1,723; syphilis and gonorrhoea 144; soft sore 92 and non-venereal conditions 100): in addition there were 3,002 attendances at the Centre for irrigation only. The number of patients ceasing to

attend without completing treatment was 43. The number of pathological examinations during the year was 493, of which 176 were undertaken by the staff of the Centre. The number of injections of salvarsan in 1924 was 1,333.

DUNDEE CENTRE.—The number of patients from Fife County treated at Dundee is negligible.

I subscribe the greater part of the annual report of Dr Johnson, Medical Officer, Dunfermline Centre:—

As in the previous year the out-patient treatment for both Male and Female patients has been carried out at the Public Health Dispensary, Market Street, Dunfermline. The number of new patients reporting for treatment during the year (1924) is 191 males and 79 females, making a total of 270 cases. This shows an increase in the number of new cases of 26 over the year 1923.

With regard to "new" cases, perhaps I should point out that this refers to cases of all kinds and not only to "newly infected" cases. They are "new" cases at the Centre, some of whom were infected as long as 20 years ago, but who only now are suffering from some of the later sequelae of venereal disease, and who accordingly require intensive treatment. Under this category, also, are included the new congenital cases. In this respect I might point out that these new cases are made up as follows:—

New cases infected within six months of reporting	
at the Centre	131
and new cases infected more than six months before	
reporting	139

making the total of new cases, as previously mentioned, 270. The total attendances of the two sexes is 9,009, being an increase of 2,163 over the previous year.

Of these new cases 13 required hospital treatment, the total number of days in hospital being 396.

Of the cases presenting themselves for treatment—

44.8 % were suffering from gonorrhoea.

28.8 % were suffering from syphilis.

5.9 % were suffering from gonorrhoea and syphilis.

2.2 % were suffering from soft sore.

18.3 % were suffering from conditions other than venereal disease.

In contrasting these figures with those of 1923, it will be noticed that there has been a considerable increase in the percentage of cases of gonorrhoea, with a decrease in the percentage of cases of syphilis. While it is difficult to account for this difference in one year's showing, there is some evidence that the incidence of syphilis is decreasing, the probable cause of which may be that a patient reporting with syphilis is very soon, under suitable treatment, rendered non-contagious, whereas this does not apply, as yet, to cases of gonorrhoea. The high percentage of those reporting with "conditions other than venereal disease" is, I think, due to the intensive propaganda being carried out in the district, and again to cases of old infection presenting themselves with a view to seeing if they were free from infection.

The number of cases who ceased to attend before completing their course of treatment was 13·3%. This figure includes those who passed through a rigorous course of treatment, and were probably completely cured, but did not report to undergo the necessary tests of cure. The above figure compares very favourably with those of other centres.

Of the cases who have reported during the year-

75 were sent by doctors,

172 came of their own free will,

19 were transferred from other centres,

1 was requested to come by a County Health Visiter, and

3 by Parish Authorities.

Four male and twenty female cases of congenital syphilis have reported during the year, the apparent excess of female cases being due to male infants and young male children attending the female Clinic. As in the previous year several of these cases have been transferred from the Royal Infirmary, Edinburgh, as in many cases the fundamental nature of their ailment can only be demonstrated by Institutional examination. Every effort is made, as heretofore, to bring under treatment the source of infection. No case of ophthalmia neonatorum has reported since the opening of the Centre. These cases, which must be prevalent to a considerable degree in the district, are, I understand, treated elsewhere, but I have had no evidence of the source or sources of the infection being sent to the Centre for examination. Until legislation for this purpose is passed, these cases of ophthalmia neonatorum will continue to swell the number of innocent victims, but one feels, that every effort should be made to persuade the parents to attend. Continuous treatment of known cases of infection, and control of known sources of infection, is essential to every scheme which aims at complete eradication of any disease: any legislation framed to ensure that such known contagious and infectious cases will continue at treatment need not necessarily entail hardship on either male or female patient and would in the end be for the patient's own benefit. Two cases of vulvo-vaginitis in young children have reported during the year. In both cases, examination of the father and mother, demonstrated the presence of the gonococcus in one or other, which emphasizes the necessity of searching for the source of infection.

The Pathological Work in connection with the centre has been carried out, as in the previous year, at the Bacteriological Department, University College, Dundee, and I cannot speak too highly of the expeditious and reliable manner in which the work has been accomplished by Professor Tulloch and his staff. A total of 1803 specimens have been examined during the year, being an increase of 276 over that for the year 1923.

The amount of treatment which has been carried out at the Centre shows a total of 1076 injections of Salvarsan or its substitutes, 1735 injections of Mercury, Bismuth, &c., and 40 injections of Intramine, Contramine, &c., the grand total of injections being 2851, which is an increase of 1016 over that of 1923.

The in-patient treatment, has, as in the past, been carried out at the West of Fife Infectious Diseases Hospital, Dunfermline. This arrangement, though unavoidable at the moment, is not satisfactory. As pointed out in my report of last year, the distance between the two departments of the Centre does not make for efficiency, and the extreme difficulty of attending, as one would wish, to serious cases greatly impedes the work. On two occasions male patients have required constant attendance and it becomes a problem how to cope with night duty. Obviously it is not expedient to call on the female nursing staff to attend to these cases, though I feel constrained to thank them for their courtesy when their assistance was invaluable. The only possible satisfactory arrangement would be to have the Centre under one roof, and that roof a hospital.

The position of the Clinic in Market Street is likewise not satisfactory and one feels that, owing to the unfortunate position of the building, a considerable number of sufferers are not as yet availing themselves of the treatment facilities, while at the same time a large number of those who do report for treatment do not continue to attend as one would wish. The female patients in particular complain of the exposed locality of the building, especially as, for a goodly part of the year, they have to attend in daylight, their hour of attendance being 5 p.m., while several male patients have stated, that they knew of sufferers who categorically refuse to attend "as long as it is in Market Street."

The only suitable place for a centre is in a hospital or other such institution.

The result has been eminently satisfactory. The two Clinics opened in the autumn of 1923, and held on the Thursday evening of each week continue to be appreciated, and taken advantage of, by the patients.

WM. P. S. JOHNSON.

#### MATERNITY SERVICE AND CHILD WELFARE.

In the Districts of Dunfermline, Kirkcaldy and St Andrews, there are Maternity Service and Child Welfare Schemes in operation. The Dunfermline District Scheme embraces the burghs of Inverkeithing and Culross; that of Kirkcaldy District the burghs of Burntisland, Kinghorn, Markinch and Leslie; while St Andrews District Scheme embraces the burghs of Crail, East Anstruther, West Anstruther and Kilrenny.

Dunfermline and Kirkcaldy Districts each employ three, St Andrews District two whole-time health-visitors who also act as Tuberculosis Nurses and Assistant Inspectors of Midwives.

From those districts in which Welfare Schemes are in force the Health Visitors report 2,770 births of which 26 only, or less than one per cent., were not notified: of the total births, 102 were reported still-born and 111 premature. The number attended by doctors was 1,923, by midwives 831, and by neither doctor nor midwife 14. Of the infants born, 2,323 were breast-fed, 273 were bottle-fed and 72 received mixed feeding. Ophthalmia was reported in 49 cases.

During 1924, the numbers of visits made by the Health Visitors were as follows:—Expectant mothers 1,204; Infants and nursing mothers 19,843; Children 1-5 years 10,556; Inspection of Midwives 290; Tuberculous patients 2,987; or a total of 34,880 visits in all.

During the later months of 1924, work was slack and wages low in the mining districts with the result that applications for additional nourishment were somewhat more numerous. During 1924, the amount spent on additional nourishment was £181 3s 6d and this is practically all spent in the mining areas. The food supplied is almost entirely milk (sweet) and oatmeal and represents grants after inquiry to 159 families.

Reports summarising the work of each Health-Visitor during 1924 have been submitted to the District Committees concerned and to the Board of Health.

In March 1924, intimation was received that the Board of Health were prepared to sanction, in terms of the Notification of Births (Extension) Act, 1915, and under the provisions of Maternity Service and Child Welfare Schemes, arrangements for the provision of insulin for the treatment of diabetes mellitus in expectant mothers, nursing mothers and children under five years.

On 10th January, 1924, a conference of representatives of the chief Local Authorities of Scotland met at the offices of the Board of Health, Edinburgh, to discuss the advisability of further administrative action in an endeavour to secure better control, prevention and treatment of measles in view of its almost continuous prevalence more particularly in Glasgow and the West of Scotland and the mortality and dangerous sequelae from it in children under five years.

In March, the Board issued a circular setting forth the conclusions arrived at and intimating that the Maternity Service and Child Welfare Grant would be increased with a view to securing the further treatment and control of measles. The grant is intended mainly for the benefit of dense centres of population whose deathrates from measles and whooping-cough are above the average rate for Scotland. The subject was considered by the District Committees administering Maternity and Child Welfare Schemes but the determination of the Board in respect of the amount of grant to be allocated was not available at the end of the year.

Early in 1924, the Board of Health issued a circular urging all local authorities administering Welfare Schemes to make appropriate provision for the hospital treatment of ophthalmia neonatorum, as few, if any, patients with the disease can be so efficiently treated at home as to prevent damage to the eyesight. All local authorities were requested to make definite arrangements with a suitable hospital in order that patients should receive competent treatment forthwith. It was stipulated that the hospital must have a staff trained in the nursing of ophthalmia neonatorum otherwise treatment therein would not be approved for grant-earning purposes.

Kirkcaldy District Infectious Diseases Hospital, Thornton, was approved by the Board as a central hospital with the necessary trained staff for the treatment of ophthalmia neonatorum to which all cases occurring throughout the County should be sent. A number of local authorities throughout the County have signified approval of this arrangement. St Andrews District Committee, in view of the distance from Thornton, have determined to treat any case that may occur within their area at St Michaels or Ovenstone Fever Hospital as the case may be.

MIDWIVES ACT, 1915.—Reports on the administration of the Act within the Districts of Cupar, Dunfermline, Kirkcaldy and St Andrews for the year 1924 have been submitted to the Local Supervising Authorities of these Districts and to the Central Midwives Board.

During 1924, the name of one midwife was removed from the Roll for neglect in connection with a case of ophthalmia neonatorum. One midwife reported to the Central Midwives Board for breach of the Rules was reprimanded. Contravention of the Rules would have been reported in respect of another midwife had she not left the country in the interval.

Generally the requirements of the Midwives Act and the Rules of the Central Midwives Board have been reasonably well observed throughout the year.

#### HOUSING.

During the year another housing act, the Housing (Financial Provisions) Act, 1924, was added to the Statute Book. Housing conditions still continue difficult: throughout the County generally housing is insufficient and additional houses are required but the need is more obviously and particularly urgent in the mining areas of Kirkcaldy and Dunfermline Districts.

How and in what measure the housing requirements of the County Districts will be met is not yet apparent. Towards the end of 1924, Kirkcaldy and Dunfermline District Committees had the question under consideration: both Committees appeared desirous of further encouraging and fostering private enterprise by increasing the amount granted as subsidy and the provision made in respect of loans in terms of their schemes framed under the Housing Act, 1923.

Every possible incentive likely to attract and encourage the building of houses by private enterprise should, I think, be given by the local authority as I am satisfied that only in the last resort should the local authority undertake to build and own houses. As the local authority acquires housing, its difficulties will increase and its troubles will not be far to seek. If the housing schemes in mining areas are large, there will obviously be a tendency on the part of occupiers to apply pressure through their representatives to the local authority and this will be likely to prove inimical to the rest of the district. With human nature as it is, it would I think prove sound in the general interest of the community that the public authority should not become a landlord as it is not difficult to imagine circumstances in the western mining districts in which heavy monetary losses will accrue to the local authority.

If the inducements to private enterprise are not sufficient to effect a remedy of the housing shortage, the local authority will need to enter the housing field in the interval until private interest again takes the matter up.

In this County hitherto, private enterprise on the part of the Coal Companies has built many more houses than have resulted from the efforts of the public health local authorities. Private endeavour unfortunately shows signs of slacking off however and there is still a large housing gap to be filled.

In Kirkcaldy District, the District Committee have to 31st December 1924 built 244 houses under the Addison Scheme while 396 have been built by private enterprise in terms of the District Committee's Subsidy Scheme under the Housing, &c., Act, 1923.

Dunfermline District Committee have up to the same date provided 148 houses under the Addison Scheme while 53 have been built by private enterprise under the Committee's Subsidy Scheme.

In Cupar District during 1924, seven houses were being built under the Subsidy Scheme of the District Committee, one house being completed before the end of the year. The Committee decided to build houses for six roadmen under the Subsidy Scheme.

St Andrews District approved 26 houses for subsidy to the close of 1924 but none of these were completed within the year.

#### CLOSURE OF SCHOOLS.

School closure for prevention of the spread of infectious disease was considered necessary in one instance only during 1924, the public school at Kilmany being closed for eight days on account of the prevalence of an infectious condition of an influenzal nature.

#### BUILDING BYELAWS-PLANS.

The plans examined and reported upon to the four District Committees of the County involved proposals for the building of 694 new houses and alterations and additions to 109 existing houses. Of the proposed new houses 94 were of two apartments, 573 of three apartments, 13 of four apartments and 14 of over four apartments. The plans examined and criticised of premises other than for housing purposes comprised 53 new erections and additions and alterations to 35 existing buildings.

Of the new houses proposed to be erected, 656 will be in Dunfermline and Kirkcaldy Districts, 38 in Cupar and St Andrews.

The draft amending byelaws framed by Kirkcaldy District Committee for regulating building in terms of Section 181 of the Public Health Act, 1897 and Section 43 of the Housing, Town Planning, &c., Act, 1919, were finally approved and came into operation in 1924. These byelaws have proved of advantage by giving the District Committee control of matters it is desirable the local authority should supervise in the interests of public health.

Cupar District Committee had, at the end of the year, practically agreed to adopt the new building byelaws of Kirkcaldy District in amendment of its own building byelaws.

#### EXAMINATION OF MORBID PRODUCTS.

The number of specimens submitted for examination from patients resident within the Landward Area during 1924 was 126 as compared with 103 in 1923 and 148 in 1922.

In addition to the above total, Dr M'Gillivray, Executive Tuberculosis Officer, submitted 55 specimens of sputum of which 5 were positive and 50 negative.

		Cupar	Dunf.	Kirk.		
Nature of Specimen.	Result.	Dist.	Dist.	Dist.	Dist.	County.
Throat Swabs for	Positive	3	1	5	1	10
evidence of Diph- theria	Negative	7	19	4	10	40
	Total	10	20	9	11	50
Blood for evidence	Positive	1	1	11		13
of typhoid fever	Negative	1	3	10		14
	Total	2	4	21		27
Sputum for evi-	Positive	1		4	1	6
vidence of tuber- culosis	Negative	5	15	11	12	43
Carosin	Total	6	15	15	13	49
	(Positive	5	2	20	2	29
Тотаі,	Negative	13	37	25	22	97
	Total	18	39	45	24	126

#### MILK SUPPLY.

No application was made to any District Committee for a licence to sell milk under any of the special designations of the Milk (Special Designations) Order, 1923. Inquiries have been made however and it may be that applications will be forthcoming in the immediate future.

Opportunity was taken to visit dairies in the Districts during the year. The standard of cleanliness is, I think, on the whole commendable and is steadily becoming higher.

Sampling of condensed milk during the year revealed compliance with the Public Health (Condensed Milk) Regulations, 1923. The Public Health (Dried Milk) Regulations, 1923, came into operation on 1st May, 1924.

#### MEAT INSPECTION.

In three districts, Cupar, Dunfermline and Kirkcaldy, officials have been appointed as meat inspectors and detention officers in terms of the Public Health (Meat Inspection) Regulations, 1923. The inspection of meat however continues much on the lines laid down in the Public Health Act, 1897, for reasons that have already been referred to in former reports.

## Cupar District Report.

#### INFECTIOUS DISEASES.

During 1924, ninety-eight cases of infectious diseases were notified to the Public Health Department as compared with ninety-six cases in 1923: forty-eight of the notified cases were removed to hospital or to sanatorium for treatment.

The number and age distribution of the cases of each of the notifiable infectious diseases together with the numbers removed for treatment are set forth in the table at the end of this report.

During 1924, twenty-seven cases of tuberculosis were notified (pulmonary sixteen, non-pulmonary eleven) as against twenty-five in 1923 (pulmonary seventeen, non-pulmonary eight).

DISTRICT INFECTIOUS DISEASES HOSPITAL, AUCHTERMUCHTY.—As is evident from the fact that but forty cases of infectious diseases were treated in hospital during the past year, the bed accommodation was not taxed. Dr Macmillan, Medical Officer, and Miss Long, Matron, continued to carry out their respective duties whole-heartedly and efficiently.

#### BUILDING BYELAWS.

The sets of plans examined, criticised and reported upon during 1924 comprised proposals to erect sixteen new houses (two of two-apartments, twelve of three-apartments, one of four-apartments and one of over four apartments) and to alter and add to twenty-three existing houses: proposals in respect of premises other than for housing purposes involved one new erection and additions and alterations to four existing buildings.

During the year, the question of the amendment of the Byelaws regulating the building of houses and buildings was under consideration in view of the additional powers granted for the framing of such byelaws under Section 43 of the Housing, Town Planning, &c. (Scotland) Act, 1919.

The amended byelaws recently adopted by Kirkcaldy District Committee were taken over and subject to certain minor changes appeared at the close of the year likely to be approved by the District Committee.

#### HOUSING.

Under the scheme framed in terms of the Housing Act, 1923, the plans of seven houses proposed to be built were approved for subsidy; one house was completed before 31st December, 1924. The District Committee prior to the close of the year had determined to build six houses for roadmen under the provisions of their subsidy Scheme.

Housing inspection revealed eleven houses unfit for habitation, closing orders being issued for three; the defects were remedied in the remainder without the issue of closing orders.

Twenty-one houses were provided, after notice served in terms of Sections 40 and 41 of the Housing Act, 1919, with water supply and water closets.

#### WORKSHOPS.

These were maintained in reasonably clean and sanitary condition during 1924. The bakehouses throughout the District were visited as opportunity offered. Attention was directed where necessary to minor defects.

#### SEASONAL WORKERS BYELAWS.

When flax-growing was a matter of interest in the District at the end of the war, the question of byelaws regulating the accommodation provided for seasonal workers was recommended to the District Committee for serious consideration. The matter dropped on the collapse of flax cultivation within the County. During 1924 the framing of byelaws regulating the accommodation, &c., provided for seasonal workers was again recommended to the District Committee for favourable consideration. The importance of the issue was emphasised by the occurrence of a case of typhoid fever in each of two gangs of potato lifters at work in the District at the time. Both patients were girls. One gang of 17 men and 5 women was housed in a hay-loft which afforded no separation for the sexes: there were no sanitary conveniences of any kind. In the other case the squad of eight men and eight women was housed and slept promiscuously in two apartments of a cottar house without any sanitary facilities. Both patients were removed forthwith to hospital and recovered.

It is obvious that infection may be readily spread under such conditions: as a matter of fact, one of the above patients contracted the disease in and brought it from another County.

The question of the adoption of Byelaws in respect of Seasonal Workers was under consideration at the end of the year.

#### SLAUGHTER-HOUSES.

In connection with the question of the operation of the Meat Regulations, an inspection was made of all slaughter-houses by Dr Leighton, Medical Officer, Food Department, Board of Health, accompanied by Dr Campbell, Assistant Medical Officer. The following notes are from Dr Campbell's report:—

KINGSKETTLE.—Slaughter-house and lairage found tidy and in state of good repair. The haulage tackle and camerals, sheep cradle and meat table were clean and had been recently scrubbed. The yard, paved with cement concrete, and surroundings were clean and tidy.

FREUCHIE.—An adverse report was submitted by Dr Campbell on this slaughter-house, the premises being condemned for slaughter-house purposes as structurally unfit and maintained in a dirty condition.

Strathmiclo.—This slaughter-house was found clean and tidy, the only comments being that the roof might with advantage

be renewed and that the walls should be smooth-finished with cement.

CERES.—These premises were in satisfactory condition, the fitments being clean and in good repair.

CUPAR-MUIR.—The slaughter-house of Fife and Kinross Asylum Board is maintained in satisfactory order.

DAMSIDE HORSE SLAUGHTER-HOUSE AND KNACKERY.—Conditions respecting smell nuisance from these premises have improved as a result of the installation of the Iwel plant for the treatment of waste products. In September however I had occasion to report in adverse terms of the nuisance arising from accumulations of bones, hooves, &c., on the premises. The Iwel plant is such that all offal produced can be disposed of with a minimum of nuisance provided it is not allowed to accumulate. With care there is no difficulty in keeping the works and neighbourhood reasonably free from offensive smell but hitherto the Manager of the Slaughterhouse has paid little attention to representations made to him. The District Committee were recommended to insist on the provision of a rat-proof store for offal, hides, hooves, &c., and to place a time-limit on the filling-up of the water-logged hollow in the yard. At the end of the year a large brick-built shed with concrete floor, the internal surfaces of the walls being rendered smooth with cement was in course of erection to the west of the killing-hall. The yard was also being filled in as material permitted.

### STRATHMIGLO WATER SUPPLY.

As a result of the heavy claims proprietors proposed submitting for compensation, &c., if the Dumbarrow scheme were proceeded with, the District Committee decided to abandon Glentarkie as a possible source of water supply for the village of Strathmiglo.

The Committee, later in the year, determined to acquire a gravitation water supply for Strathmiglo from the Glen Burn. The Glen Burn has its source in Glen Vale, the valley between the West Lomond and Bishop Hill, the first reach of the burn being the boundary between Fife and Kinross. The burn is fed by a

number of springs, is reported of steady perennial flow and is of considerable volume. The amount of water available is much larger than that from Dumbarrow and the quality should prove better as there is no agricultural land within the catchment area.

The scheme briefly would consist of intake chamber on the burn diverting only the water required for supply, filters and clear water well and service reservoir. With necessary piping the cost of the scheme will be approximately £7500.

The report of analysis of a sample of Glenburn water taken in September was favourable, free and albuminoid ammonia being low as was also saline material. Nothing indicative of contamination was found. The hardness was  $4\frac{3}{4}$  degrees (Clark), the water being soft and suitable for washing and general domestic purposes.

#### DUNSHALT WATER SUPPLY.

In accordance with the request of the Board of Health a report on the water supply of the village of Dunshalt with particular reference to the adequacy of the existing arrangements was submitted in April.

Dunshalt, with a population of approximately 300, has two sources of water supply. The gravitation supply from the Marl Pit, a mile away, was laid in 1895 by the late Marquis of Bute to certain of his farms: he also provided six pillar wells for the use of the villagers on the course of the main supply pipe through the village to Plains Farm. Pump Well Supply:—There are three public pump wells in the village. Three property owners have sunk bore-wells: they desired to lay on the gravitation supply and are still anxious to secure it on account of the ground water being too hard for domestic purposes. The water used by the villagers, pump-well or gravitation, depends on proximity but none uses pump-well for washing if gravitation water is not too far distant; at the south end of the village, river water is used for washing clothes. When wells are out of order or gravitation water is desired, distances of 300-600 yards for the double journey are travelled for water in some parts of the village.

So far as I can judge the villagers appear to have as good a title to use the gravitation supply as the farmers to whose farms it is laid on. The question might well be investigated by the Local Authority with a view to the extension of the gravitation scheme for the use of the villagers. There is a very large volume of water available from the Marl Pit and it could be made available to the village generally at no undue expense.

### VITAL RETURNS.

The following is a summary of the vital statistics of the District set forth at the end of this Report.

There were two hundred and forty-nine births (males one hundred and thirty-six, females one hundred and thirteen) registered in 1924 as compared with two hundred and sixty in 1923. The birth-rate, corrected for transfers, was 16.8 per 1,000 of an estimated population of 14,827.

There were thirty-two illegitimate births, or 12.9 per cent. of the total births, being two more than last year. The number of illegitimate infants who died under one year of age was three.

There were eighty marriages registered within the District, yielding an uncorrected marriage-rate of 5.4 per 1,000 of estimated population: the marriages numbered one less than in 1923.

The total deaths numbered two hundred and twenty-six (males ninety-six, females one hundred and thirty) equivalent to a corrected death-rate of  $15\cdot 2$  per 1,000 of estimated population: there were two hundred and six deaths last year.

There were eighteen deaths of infants under one year of age, giving an infantile mortality-rate of 72 per 1,000 births registered: the deaths of infants in 1923 numbered eighteen also.

The death-rate from tuberculosis (all forms) was 0.81 per 1,000, that from pulmonary tuberculosis being 0.54 per 1,000.

# Dunfermline District Report.

#### INFECTIOUS DISEASES.

During 1924, 381 cases of infectious diseases were notified as compared with 431 (excluding chickenpox) in the preceding year and 477 in 1922.

The notified cases comprised:—typhoid (enteric) fever 1; scarlet fever 94; diphtheria 49; erysipelas 31; puerperal fever 2; ophthalmia neonatorum 27; acute primary pneumonia 73; acute influenzal pneumonia 10; pulmonary tuberculosis 65; and non-pulmonary tuberculosis 29.

Of the patients notified, 163 were removed for institutional treatment, 138 to the West Fife Infectious Diseases Hospital and 25 to Glenlomond Sanatorium.

Exclusive of chickenpox which was notifiable during the last six months of 1923, the infectious diseases for that year were 50 in excess of those of 1924. During 1924 the patients notified as suffering from acute primary pneumonia, acute influenzal pneumonia and pulmonary tuberculosis exceeded the numbers notified in 1923 by 14, 9 and 20 respectively.

The numbers and age distribution of the cases of the several notifiable infectious diseases together with the numbers removed for institutional treatment are set forth in the table at the end of this report.

OPHTHALMIA NEONATORUM:—Arrangements were made whereby, whenever home circumstances or other factors render it desirable or necessary that hospital treatment be given, mother and infant will be removed forthwith if institutional accommodation is available. Special arrangements have been made for the treatment of ophthalmia neonatorum at Thornton Hospital: if thought desirable, however, accommodation may be arranged at the West Fife Fever Hospital.

Measles and Whooping Cough:—The circular issued by the Scottish Board of Health in March, 1924, regarding the better control of measles and whooping cough was under consideration. In the past cases of measles or whooping cough have been admitted to the Fever Hospital when the nature of the illness or the housing conditions and home-care were such as to jeopardise the patient's chance of recovery. The Committee were of opinion that the policy hitherto followed met the circumstances of the case, notification of either measles or whooping cough or addition to the staff of health visitors not being indicated. At the close of the year the indications were that the District Committee would receive a certain definite amount of the grant for the measures undertaken in the control of these two diseases.

Public Health (Infective Jaundice) Regulations (Scotland), 1924:—In terms of these regulations which became operative on 26th December, 1924, and continue in force until 31st December, 1925, infective jaundice becomes a compulsorily notifiable disease. The disease has occurred in the District in the past and has been made notifiable by the Board of Health in order that it shall not be overlooked.

The specific organism of the disease occurs in rats and rats are regarded as responsible for its spread to the human subject. It may be desirable therefore to ascertain that the rats in pits and elsewhere are not infected with the organism.

#### BUILDING BYELAWS.

The sets of plans examined, criticised and reported upon during 1924 comprised proposals to erect three hundred and sixty-seven new houses (sixty-five of two-apartments, two of which were adapted from existing premises, two hundred and ninety-five of three-apartments, two of four-apartments and five of over four apartments): alterations and additions were made to thirty-one existing houses. Proposals in respect of premises other than for housing purposes involved twelve new erections and seven additions and alterations to existing buildings.

#### WORKSHOPS.

There are seventy-five workshops within Dunfermline District, an increase of three over last year's return: they are kept under periodical supervision by the Sanitary Inspector. The bakehouses were visited and inspected during the year when no outstanding sanitary defects came to knowledge.

#### BYELAWS FOR SEASONAL WORKERS.

The byelaws drafted in terms of Section 45 of the Housing, Town Planning, &c., Act, 1919, for securing the housing under proper sanitary conditions of seasonal workers were still awaiting the confirmation of the Board of Health at the close of the year.

#### BURIAL GROUNDS.

OLD BURIAL GROUND, SALINE PARISH CHURCH:—Reference was made in the Annual Report for 1923 to a report to the District Committee on the conditions pertaining to burial in this cemetery. Application was made to the Sheriff by Saline Parish Council to find that the further use of the Old Churchyard was in terms of my certificate "contrary to decency and the respect usually accorded "to the dead and that the said Churchyard should be closed to "further burial except that of spouses of those already interred "therein."

There were many objectors but after evidence led the Sheriff stated he had no hesitation whatever in coming to the conclusion that the graveyard ought to be closed subject to certain exceptions which he would embody so far as he thought proper in his interlocutor.

Burying Grounds, Aberdour:—The conditions attending burial in the Old and in the New Churchyards at Aberdour were briefly referred to in the Annual Report for 1923, both burial grounds being recommended for closure.

The Parish Council have decided to provide a new burial ground for the Parish of Aberdour. At present a Committee of

the Parish Council are negotiating for a convenient and suitable site. At the end of the year various sites were under consideration, trial pits being sunk on some where there was doubt as to the nature of the soil. The sites have been visited in conjunction with the members of the Committee and doubtless a decision will be forthcoming in due course.

#### PLACES OF PUBLIC REFRESHMENT.

The proposed Byelaws referred to in my last year's report under this heading were submitted from time to time to the County Council but failed to find the necessary quorum of two-thirds of the membership and were thus still awaiting confirmation at the close of the year.

#### HOLIDAY-FUND CHILDREN.

The usual intimation was received from City Authorities regarding the boarding-out of children for holidays. There was no overcrowding in the quarters selected and the arrangements appeared to work smoothly and satisfactorily.

#### HOUSING.

Considerable progress falls to be recorded respecting the provision of new housing under Government-aided Schemes, and this is best illustrated by the following figures kindly furnished by Mr Hodge, District Engineer, showing the number of houses erected within the District for the years since 1919:—1919, 3 houses; 1920, 8 houses; 1921, 49 houses; 1922, 13 houses; 1923, 23 houses; and 1924, 125 houses.

During these years (1919-1924 inclusive) 221 new dwelling houses have been completed within Dunfermline District. Of this total, 148 have been built by the District Committee under the Addison Scheme; private enterprise aided by subsidy grants under the District Committee's Scheme in terms of the Housing, &c., Act, 1923, has been responsible for 53 and 20 houses have been built by unaided private enterprise.

During 1924, the District Committee erected 97 houses, 25 were built by private enterprise with the aid of subsidy and 3 by unaided private enterprise. The houses completed in 1924 had the following accommodation:—3 apartments, 108; 4 apartments, 16; and 5 apartments, 1.

At the end of 1924, consideration was being extended to the question of the amendment of the Subsidy Scheme under the Act of 1923 whereby increased subsidy would under certain conditions be granted to private enterprise undertaking the building of dwellinghouses.

#### MATERNITY SERVICE AND CHILD WELFARE.

The routine reports, furnishing details of the health-visiting work and of inspections in terms of the Midwives Act, 1915, for the year 1924 have been submitted to the District Committee, the Board of Health and the Midwives Board for Scotland.

Birth events continued to be notified in a satisfactory manner during 1924, only ten omissions to notify births having come to knowledge during the year.

The cost of additional nourishment, &c., for 1924 amounted to, approximately, £103 12s 2d, the nature of supplies granted following routine custom.

The personnel of the health-visiting staff continues the same, Nurses Robertson, Petrie and Roy working well, conscientiously and efficiently in the District Committee's interests.

DAVAAR MATERNITY HOME:—Although a financial statement was issued by Dunfermline Town Council of the capital expenditure on and maintenance costs of the Home since its inception, no definite agreement with the District Committee, or the Town Councils of Cowdenbeath and Lochgelly who had formerly participated in the support of the Home was secured and no further information was forthcoming from Dunfermline Burgh at the end of 1924.

#### SLAUGHTER-HOUSES.

On 27th February, Colonel Leighton, Medical Officer (Foods), Board of Health, undertook an inspection of the abattoirs of Dunfermline District accompanied by Dr Campbell, Assistant Medical Officer of Health and Mr Davison, Sanitary Inspector. Dr Campbell briefly reports on the condition of the premises as follows:—

The four slaughter-houses situated at (1) Aberdour: (2) Kelty: (3) Kincardine and (4) Torryburn are the only abattoirs in the District: all are owned privately.

The slaughter-houses at Aberdour and Kelty were found to be in a satisfactory state of cleanliness and the structures were of modern character and adequately furnished for the needs of the business of slaughtering cattle.

- (1) The slaughter-house at Kincardine, which has a good floor and walls, but the front of the building is fashioned of wood and one of the large wooden doors was off its lower hinge. The front of this slaughter-house should be built of brick, rendered with smooth cement and new doors fitted. Otherwise, the premises were clean and the tackle in good order.
- (2) The slaughter-house at Torryburn, although satisfactory in itself, has need of better dungstead facilities, no adequate provision being made for the reception of dung pending removal.

### VITAL EVENTS.

During 1924, there were eight hundred and thirty-one births (male four hundred and seven, female four four hundred and twenty-four) registered as compared with seven hundred and ninety-eight in 1923 and eight hundred and twenty-five in 1922. The birth-rate, corrected for transfers was 23.8 per 1,000 of an estimated population of 34,897.

There were forty-seven illegitimate births, equivalent to 5.7 per cent. of the total births.

The deaths of infants under one year of age numbered eightyfour as against sixty-four in 1923: the infantile mortality-rate was 101 as compared with 80 in 1923 and 101 in 1922.

There were two hundred and nine marriages registered in the District, the uncorrected narriage-rate being 6.0 per 1,000: there were one hundred and ninety-three marriages in 1923, the corresponding rate being 5.5.

The total deaths numbered four hundred and eight, the deathrate, corrected for transfers, being 11.7 per 1,000: last year the deaths numbered three hundred and seventy-seven, the corresponding rate being 10.8.

The corrected death-rate for all tuberculosis was 0.66 whilst that for pulmonary tuberculosis was 0.43, a slight increase over last year for which the corresponding rates were 0.63 and 0.31 respectively.

# Kirkcaldy District Report.

#### INFECTIOUS DISEASES.

During 1924, there were 534 cases of infectious diseases notified as compared with 516, exclusive of chickenpox, in 1923. There were 280 patients removed for institutional treatment, of whom 241 were treated at Kirkcaldy District Infectious Diseases Hospital, Thornton, and 39 at Glenlomond Sanatorium.

The following was the nature of the cases notified:—typhoid fever 12, scarlet fever 153, diphtheria 80, erysipelas 22, puerperal fever 3, ophthalmia neonatorum 19, acute primary pneumonia 94, acute influenzal pneumonia 7, pulmonary tuberculosis 82, non-pulmonary tuberculosis 61, and cerebro-spinal meningitis 1.

The number and age distribution of the cases of each of the notifiable diseases with the numbers removed to Hospital or Sanatorium are set forth in the table at the end of this Report.

OPHTHALMIA NEONATORUM:—Special arrangements have been made for the treatment of this disease at Thornton Hospital in conformity with a recommendation made by the Board of Health that a central institution with competent skilled nursing service should be available to local authorities throughout the County for the treatment of ophthalmia.

MEASLES AND WHOOPING COUGH:—Arrangements were made whereby patients suffering from dangerous complications of these diseases will, if accommodation is available, be admitted to Thornton Hospital if the conditions or circumstances of the home are such as to militate against recovery. The question of participation in the Grant allocated for the better control of measles and whooping cough was under consideration at the end of 1924.

Public Health (Infective Jaundice) Regulations (Scotland), 1924:—These Regulations, which became operative

on 26th December 1924, continue in force until 31st December 1925, infective jaundice becoming a compulsory notifiable disease. Certain practitioners are satisfied that this disease has occurred among miners in the Lumphinnans area in the past and a number of cases were met with a few years ago in this District. The specific organism of the disease occurs in rats, these animals being regarded as responsible for its spread to man.

#### BUILDING BYELAWS.

The sets of plans examined, criticised and reported upon during 1924 comprised proposals to erect two hundred and eighty-nine new houses (twenty-five of two apartments, two hundred and fifty-four of three-apartments, seven of four-apartments and three over four apartments), and to alter and add to thirty-two existing houses. Proposals in respect of premises other than for housing purposes involved thirty-one new erections and alterations and additions to sixteen existing buildings.

#### WORKSHOPS.

One hundred and eleven inspections were made to factories, one hundred and ninety-seven to workshops and seventy-nine to workplaces, three hundred and eighty-seven in all. Defects were found in thirteen cases which were remedied in eleven instances on being brought to the notice of the proprietors whilst two were remedied only after prosecution.

# SLAUGHTER-HOUSES.

On 12th February, an inspection of the abattoirs of Kirkcaldy District was undertaken by Colonel Leighton, Medical Officer of Foods, Board of Health. He was accompanied by Dr Campbell, Assistant Medical Officer of Health and Sanitary Inspectors Stewart, M'Kenzie and Riddle in their respective areas. The following is Dr Campbell's report on the condition of the premises:—

"The first slaughter-house to be inspected was that at East Wemyss owned by the East Wemyss Co-Operative Society Ltd. "The building is constructed of brick impermeably lined and floored

"with concrete, the latter properly graded for drainage and with a corrugated iron roof. The premises were very clean and tidy and the trouble experienced on previous visitation would now appear to have passed.

"The next abattoir inspected was that of Markinch Town "Council which, as the result of Dr Yule's adverse report in 1923, "was repaired in accordance with his suggestion. The killing-"booths were lined with white tiling to a height of five feet six above floor level, the floors were rendered with cement, properly graded and channelled for drainage, haulage tackle and fitments were renewed where necessary and the premises generally were rendered thoroughly up-to-date.

"The only criticism passed by Dr Leighton was against the practice of allowing animals awaiting slaughter, in excess of the numbers capable of being housed in the four lairages attached to the four booths, to run about loose in the slaughter-house open yard.

"The private slaughter-house owned by Mr Morris, Cardenden, was next inspected. This is a small brick building with slate roof, the internal surfaces of the walls and the floor being of concrete. "The premises were clean and tidy at the time of our inspection.

"Dr Leighton's only comment was that, taking into account the small number of animals killed weekly a restricted licence for two days per week would be sufficient in this case and this would, perhaps, better enable the Sanitary Inspector to view the majority of the carcases dealt with.

"The fourth slaughter-house to be inspected was that owned by Mr Bewick, Cardenden. This is a small brick building with slated roof and concrete floor. The premises were in very bad repair, the concrete floor being broken in several places whilst the premises, haulage gear and fitments generally were in a filthy condition.

"Repairs to this slaughter-house were being undertaken at "the close of the year."

#### MILK PRODUCTION.

Inspection was made of all the dairies and cowsheds within the District. Defects revealed during inspection in 1923 remaining without remedy were again reported to the District Committee and remitted to the Dairies Sub-Committee for action: the dairy keepers concerned were given until the summer of 1925 to have the outstanding defects repaired.

Inquiries were received regarding licences for the sale of designated milks under the Milk (Special Designations) Order, 1923, but no application for licence was made.

The question of amendment of the Dairy Byelaws has been raised but may advisedly await the coming into operation in such form as it may take of the Milk and Dairies Act, 1914, the operation of which was postponed on account of the outbreak of the war.

Certain incidents during the year have emphasised the necessity of again bringing into action the Tuberculosis Order, 1913, the operation of which, like that of the Milk and Dairies Act, was discontinued shortly after the war began.

#### BURNING COAL BINGS.

In May, complaint was received of the objectionable smell arising from the burning bing of Balgonie Colliery which apparently proved a source of material discomfort to those resident at considerable distances from it depending on the direction of the wind. In an endeavour to remedy the nuisance, water was tried but proved futile. Thereafter measures were taken to prevent the fire spreading to an extensive unburnt portion of the bing.

Complaints of nuisance caused by the burning bing of the Nellie Pit were also received, the bing being under observation at the end of the year.

#### UNSOUND FOOD.

Two prosecutions were undertaken in respect of the sale of unsound meat by butchers at Windygates at the instance of Dr Campbell, Assistant Medical Officer and Mr Cunningham, Veterinary Surgeon.

In one case, the Court upheld the meat seized as unsound and unfit for food but also accepted the defence that the business had been discontinued, the shop being only opened temporarily for the collection of accounts when the officials entered, and that the meat was not exposed for sale. In the second case 140 lbs. of meat was seized as unsound and unfit for food, the butcher being fined £15.

# BYELAWS-SEASONAL WORKERS-CONTRAVENTION.

Suspicion having arisen that seasonal workers were being housed in contravention of the Byelaws, a midnight visit was paid by the Assistant Medical Officer and Sanitary Inspector to the farm. Seven men and thirteen women were found sleeping side by side on the barn floor in contravention of Article C (5) providing for the due separation of the sexes. The farmer and the potato merchant concerned were both fined in the Sheriff Court.

In another case where similar conditions in contravention of the Byelaws were found, the proceedings again resulted in the farmer and potato merchant being fined.

# HOUSING AMENITIES—MINING AREAS.

In a circular letter of 25th February the Board of Health drew attention on the representation of Scottish Labour Members of Parliament to the question of the improvement of the amenities of housing in mining areas by the provision of sufficient roads and footpaths, of better sanitary conveniences and of more efficient arrangements for removal of domestic refuse. A report furnished by one of the Board's Housing Inspectors appeared to indicate very muddy roads, filthy privies and overflowing ashpits as common in many mining areas.

Only in one respect could the Board's indictment be said to apply to Kirkcaldy District, namely the roads and footpaths in

the Lumphinnans and Bowhill areas where the District Committee had long been urging the Fife Coal Company to put the roads into a proper state of repair.

Every township and community of any size in Kirkcaldy area is a special lighting, scavenging and drainage district with gravitation water supply. The change from conservancy methods to water carriage fitments within the dwelling-house has been pursued actively by the District Committee since before the war and sinks and water closets are now general throughout the District apart from some of the older houses where the question of the cost of installation in relation to the value of the property arises.

#### HOUSING.

No special inspection of the housing is necessary as the unsatisfactory and uninhabitable houses in occupation are known. Approximately 140 houses were examined mainly with a view to the installation of water carriage fitments: 14 were regarded as unfit for habitation, closing orders being made in respect of 9 properties: one house was repaired and made fit for habitation after issue of a closing order.

The numbers of houses provided with water supply and waterclosets in terms of Sections 40 and 41 of the Housing Act, 1919, were 254 and 353 respectively. In no instance was the work undertaken by the Local Authority although, in a number of cases, the intention of the Local Authority to do the work apparently determined the owner of the property doing it.

The appropriate return has been submitted to the Board of Health.

The following interlocutor was issued on appeals against the District Committee's decision requiring the provision of water-closets within Thornton Special Drainage District in terms of the Housing Act, 1919: the interlocutor of the Sheriff in appeal at the instance of the District Committee against the Sheriff Substitute's interlocutor follows:—

# INTERLOCUTOR I. C. E. H. BROWN V.

# KIRKCALDY DISTRICT COMMITTEE.

KIRKCALDY, 12th December, 1924.

Having considered the cause, and inspected the property to which the notice complained of relates: Finds that the Appellant is owner of five houses, situated in Main Street, Thornton, as delineated in the Plan No. 3/2 of process, that it is not reasonably practicable, having regard to all the circumstances, including the question of expense, to provide a water-closet for each of said houses, as required by said notice: but that it is reasonably practicable to provide three water-closets in all: Therefore recalls the notice complained of, in so far as the same requires the appellant to provide a water-closet for each house. Finds that the appellant is bound to provide three sufficient water-closets, as above set forth. Finds the appellant entitled to expenses, allows an account thereof to be lodged, and remits the same to the Auditor to tax and report. Reserving the question of modification, when the report is received.

(Signed) DUDLEY STUART.

Note.—This is an appeal by the owner of certain houses in the Village of Thornton, against a notice under Sec. 41 (1) of the Housing, Town Planning, &c., Act, 1919, requiring him to provide a water-closet for each of five houses, in substitution for the present earth closets. Similar notices have been served upon five other house owners, the circumstances being, generally speaking, similar to those in the present appeal. I have had an opportunity of inspecting the locus, in each case, with the assistance of the Medical Officer, Dr Yule, and the Sanitary Inspector, Mr Mackenzie. I have reached the following conclusions:—The houses in question are older than those which formed the subject of enquiry in the case of Wood. This fact ought not to be left out of view in connection with the question of the expense which it is sought to impose upon the appellants. There is, it appears, no extra cost involved in making the necessary connection with the public sewer. A

drain is in every case already provided. But the cost of erecting and fitting up a brick-built water-closet is, in proportion to the rental, no small burden on the capital of a proprietor in the position of the present Appellants. The estimated cost, in Brown's case, of providing a water-closet for each of his five houses is £63. gross rental, as appearing from the current Valuation Roll, is £37, an average rent of some £7 per house. In considering the question raised, viz., whether it is reasonably practicable to provide each house with a separate water-closet, I am specially directed to have regard to the matter of expense. Having this consideration in view, I am of opinion that it is not reasonably practicable to make a separate provision for each house, but that water-closets may properly be required on a more limited scale. I have accordingly, after consultation with Mr Mackenzie, reduced the number of closets to what I consider reasonable in the circumstances. Mr Mackenzie will point out to the respective appellants in what way the plans submitted are to be modified. This presents no practical difficulty since he and I have examined the plans together. Brown's case, I think that three closets should suffice, in place of five, as required by the respondents and I have sustained the appeal to give effect to this reduction. These general observations apply mutatis mutandis to the circumstances disclosed in the other appeals, in each of which, except Nelson's, I have reduced the number of water-closets proportionally. With regard to the question of expenses, I think the appellants, who have been partly successful, should be found entitled to an award of expenses. As they were all heard together, I shall reserve power to modify the amount after taxation.

(Intd.) D. S.

INTERLOCUTOR
I. C.
E. H. BROWN
V.

KIRKCALDY DISTRICT COMMITTEE.

KIRKCALDY, 17th January, 1925.

The Sheriff having considered the cause, Refuses the Appeal as incompetent, and Decerns: Finds the Respondents liable to

the Appellant in his expenses of the Appeal: Allows an account thereof to be given in: Remits the same when lodged to the Auditor of Court to tax and to report, reserving the question of modification: and Remits the case to the Sheriff Substitute to deal with the question of modification and to proceed as accords.

(Signed) JAMES A. FLEMING.

Note.—The Pursuer is the owner of a block of five houses and has been served with a Notice by the Defenders requiring him, in terms of Section 41 (1) of the Housing, Town Planning, &c., (Scotland) Act, 1919, to provide for each of such houses a sufficient water-closet. Under the Sub-Section above referred to the Defenders are entitled so to require the owner, "wherever it is reasonably practicable so to do and where that is not so practicable a sufficient earth closet."

The houses in the present case are each of them already provided with an earth closet against the sufficiency of which nothing is said.

The proprietor appeals against this Order under Section 41 (3) of this Act, which is as follows:—"Any question which may "arise under this Section as to what is reasonably practicable "shall be determined summarily by the Sheriff, who shall have "regard to all the circumstances of the case, including the expense "involved, and his decision shall be final."

The Sheriff-Substitute after investigation, fully detailed in his note, has found that it is not reasonably practicable to call upon the proprietor to provide five water-closets, but that it is reasonably practicable to call upon him to provide three.

His decision is final, and I can only interfere with it if it is shown to be incompetent.

The Respondents state that it is incompetent in two respects (1) that he has made an award of expenses and (2) that he has not defined the houses which are to be provided with water-closets.

As regards the first point, the Respondents stated that they did not desire to press the matter.

As regards the second point, I am of opinion that it has no substance. The Sheriff dealing with the case has an ample discretion, and if he chooses to say, having in view the provisions of the Act, that it is reasonably practicable to call upon the proprietor to substitute water-closets for the existing earth closets in only three of the five houses belonging to him that is within his discretion, and he is final.

I therefore find the Respondents liable to the Appellant in the expenses of this incompetent Appeal, as that in no sense can it be looked upon as an administrative proceeding.

(Intd.) J. A. F.

NEW HOUSING:—As already noted the District Committee had built 244 houses under the Addison Scheme to the 31st December, 1924: private enterprise to the same date had provided 396 houses aided by grants under the District Committee's Scheme in terms of the Housing, &c., Act, 1923.

# MATERNITY SERVICE AND CHILD WELFARE.

The Scheme continues on routine lines, detailed reports of its working as also of the administration of the Midwives Act having been submitted. The births have been well notified only about one in 200 were omitted or forgotten.

The amount expended on additional nourishment during the year was £75 10s 2d.

The Nurses were granted motor bicycles in December, the experiment with one of the "Ner-a-car" type having proved successful in the opinion of the Nurse using it.

MATERNITY HOME.—Kirkcaldy Burgh Maternity Home has served the needs of the greater part of the District when it has been found necessary to provide institutional treatment.

### VITAL EVENTS.

During 1924, there were one thousand, two hundred and fortynine births registered of which six hundred and fifty were males and five hundred and ninety-nine were females. The birth-rate, corrected for transfers, was 28.5 per 1,000 of an estimated population of 43,830, a similar rate to that of last year.

Illegitimate births numbered eighty-one, and were 6.5 per cent. of the total births as against seventy-seven in 1923 forming 6.1 per cent.

The deaths of infants under one year numbered one hundred and four, the infantile mortality-rate being 83; in 1923, there were ninety-seven deaths, the infantile mortality-rate being 77.

There were two hundred and thirty-two marriages registered, the uncorrected marriage rate being 5.3 per 1,000 as against two hundred and thirty marriages in 1923 with a corresponding rate of 5.2.

The deaths from all causes were four hundred and ninety-four, the death-rate, corrected for transfers, being 11·3 per 1,000. In 1923, there were four hundred and eighty-one deaths, the corresponding rate being 10·8 per 1,000.

The death-rate from all tuberculosis was 1.00, whilst that from pulmonary tuberculosis was 0.64 per 1,000.

# St Andrews District Report.

#### INFECTIOUS DISEASES.

During 1924, 102 notifications of infectious diseases were received:—scarlet fever 58; diphtheria 4; erysipelas 3; ophthalmia neonatorum 1; acute primary pneumonia 11; acute influenzal pneumonia 2; pulmonary tuberculosis 18; and non-pulmonary tuberculosis 5.

The cases notified in 1923 numbered 65; in 1922, 102 were notified

The nature of the cases removed for institutional treatment was:—scarlet fever 56; diphtheria 4; tuberculosis 9.

Infective Jaundice was in terms of the Public Health (Infective Jaundice) Regulations, 1924, declared a notifiable disease until 31st December, 1925. The disease is not likely to occur in St Andrews District so far as I can judge.

Arrangements were made whereby the Medical Officer of Health was granted discretion to remove patients suffering from measles and whooping cough for hospital treatment where the conditions or circumstances of the home or complications or sequelae of these diseases were likely to militate against or jeopardise the recovery of the patient.

St Michaels Infectious Diseases Hospital was frequently visited during the year: the staff continues as formerly. The question of replacing the present horse-drawn vehicle by an up-to-date motor ambulance was raised during 1924. A Sub-Committee of the Hospital Committee was appointed to consider the matter which was still under deliberation at the close of the year.

Ovenstone Infectious Diseases Hospital was also visited periodically. Miss Melville, the Matron, resigned her post in October when Miss M'Creath was appointed in her stead. Otherwise, the staff continues as in previous years.

#### BUILDING BYELAWS.

The sets of plans examined, criticised and reported upon during 1924 comprised proposals to erect twenty-two new houses (two of two-apartments, twelve of three-apartments, three of four-apartments and five over four-apartments), and to alter and add to twenty-three existing houses. Proposals in respect of premises other than for housing purposes involved nine new erections and alterations and additions to eight existing buildings.

#### HOUSING.

In terms of the District Committee's Scheme under the Housing, &c., Act, 1923, the plans of twenty-six houses were approved as bringing them within the subsidy rules; none of the proposed houses had been completed at the end of the year.

Under the Housing (Inspection of District) Regulations, twentyfour properties were examined, any defects noted were reported to the proprietors but in no case was representation made for closure.

Houses were furnished with water supply in 11 cases and with water-closet accommodation in 10 cases in accordance with the provisions of Sections 40 and 41 respectively of the Housing, Town Planning, &c., Act, 1919.

Within the special water supply districts where gravitation water has been available for many years the houses without proper water carriage fitments are much too numerous: many houses have neither sink nor water-closet; some have not even a pail closet.

There are several houses without reasonable sanitary convenience accommodation at Lower Largo and I understand that receptacles of night-soil are emptied on the beach. Such conditions should not, apart from health considerations, pertain in a community dependent for its prosperity on summerholiday visitors.

For many years past there have been recurring complaints of nuisance in the town of St Monance from the deposit of nightsoil at the roadway gulleys. In November, Mr Macrae, Sanitary Inspector made a survey of St Monance to ascertain to what extent houses were furnished with appropriate sanitary conveniences and reported that of approximately 350 houses inspected, 139 had neither water-closet nor sink.

The number of houses having a water-closet but no sink was 14, while 50 houses had a sink but no water-closet. Twenty-two houses had one water-closet between two houses. Twelve houses had one water-closet between three houses and six had one water-closet between six houses. The question of the action to be taken under Sections 40 and 41 of the Housing Act, 1919, was under consideration at the close of the year.

#### WORKSHOPS.

The workshops and work places were kept under supervision during the year and were found in fair sanitary condition.

#### SLAUGHTER-HOUSES.

There are five licensed slaughter-houses within the District, an additional licence having been granted during the year for the slaughter of pigs at a farm where they were bred and fed. The slaughter of pigs at this farm has however already lapsed. The private slaughter-houses at Kirkton of Largo, Colinsburgh and Strathkinness (two) were visited in conjunction with Dr Leighton, Board of Health, and found with one exception in creditably clean condition.

# SEASONAL WORKERS.

The Byelaws regulating the accommodation of seasonal workers in force in Kirkcaldy District were brought to the notice of the Committee in view of the unsatisfactory conditions pertaining in a camp of such workers observed during the autumn. The draft byelaws had been approved both by the District Committee and the Board of Health when the question of a lower standard of cubic space was raised in respect of the housing of berry-pickers, the

Blairgowrie standard of 200 cubic feet per head being recommended by a fruit-farmer for adoption. The adoption of the Byelaws was postponed to permit of further consideration of the subject.

### WATER SUPPLY—COASTAL BURGHS.

Chronic difficulty, lack of pressure from insufficient pipe capacity, in the water supply of Pittenweem apparently determined the Board of Health to urge on the Coast Burghs and the District Committee the provision of a source of common supply to be held in reserve for times of shortage and used in emergency. The District Committee were regarded as interested in the question as representing the landward area with communities like Kingsbarns and Kilconquhar where the possession of a gravitation water supply would have assured these places of a measure of prosperity they do not at present show.

The idea, so far as the Burghs are concerned is old, as old as the difficulties arising from insufficiency of coast burgh water supplies. Whereas however some water districts have spent considerable sums in the improvement of their sources of supply, others have done little or nothing and relations between coast burghs are not such that combination for a common purpose would be easy under such conditions. The Board of Health desired that a preliminary report by an experienced water engineer should be available: after a conference with the local authorities (eight) concerned, the project failed. It will doubtless arise again after an interval.

# MATERNITY SERVICE AND CHILD WELFARE SCHEME.

There are two health visitors, the area of the District being wide. There has been no change of staff during the year and the work continues on lines which have become routine since its inception six years ago, each nurse acting as health visitor, tuberculosis nurse and assistant inspector of midwives.

The annual reports submitted to the Board of Health and Central Midwives Board show that, during 1924, the births numbered 338 of which 8 were not notified: apart from 14 still-births, there were 15 deaths of infants. The number of patients suffering from tuberculosis under supervision by the nurses was 68. During the year, the number of visits to expectant mothers was 202; to infants and nursing mothers 2039; and to tuberculosis patients 276: the total visits paid by the nurses numbered 4386.

The cost to the District Committee of additional nourishment was limited to £2 1s  $2\frac{1}{2}$ d.

Measles and whooping cough were prevalent during the year and leaflets on the prevention, treatment and dangers of these diseases were issued as it is seldom that doctors are called in and the nurses can do much in advising parents.

There were seven midwives at work in the District during the year.

### VITAL EVENTS.

During 1924, two hundred and seventy-nine births (male one hundred and thirty-six, female one hundred and forty-three) were registered as compared with two hundred and sixty-five in 1923. The birth-rate, corrected for transfers, was 19·1 per 1,000 of an estimated population of 14,607.

Of the above births, eighteen were illegitimate being 8.2 per cent. of the total births.

There were thirteen deaths of infants under one year of age, equivalent to an infantile mortality-rate of 47.

There were seventy-eight marriages in 1924, as against seventy-one in 1923, equivalent to an uncorrected rate of 5.3 per 1,000.

There were one hundred and ninety-four deaths registered in 1924 (ninety-four male and one hundred female) yielding a corrected death-rate of 13·3 per 1,000.

The death-rate from all tuberculosis was 0.75 per 1,000, that from pulmonary tuberculosis being 0.53 per 1,000.

# Sale of Food and Drugs Acts.

The County Council administers these Acts in terms of a joint arrangement made in 1901 which includes the Authorities of the four County Districts, ten Royal burghs and ten police burghs.

The Burgh of Pittenweem joined the County combination in November 1924; no samples of food or drugs were taken in the Burgh prior to the close of the year.

The sampling officers of the Combination are the several sanitary inspectors of the County Districts, the County Medical Officer serving in the capacity of Chief Sampling Officer in that he is required to select from time to time the articles of food and drugs to be sampled and the times when and the places where the samples shall be taken.

During 1924, 673 samples were collected of which 631 were official and 42 were test samples. Fifty samples were found adulterated on analysis (official samples 49; test sample 1). The nature and number of the official samples found on analysis adulterated were milk 35, whisky 14. The test sample found adulterated was whisky.

Of the vendors of 49 official samples found adulterated on analysis, seventeen were not proceeded against. The proceedings in three cases were departed from on payment of expenses: two vendors were found not guilty and twenty-two were fined amounts varying from 10s to £10, the total fines being £59 10s.

The following figures afford an indication of the work done under the Acts by the sampling officers of the four County Districts—

Cupar District:—Official samples 108 of which 9 were adulterated: test samples 13 of which 1 was adulterated.

DUNFERMLINE DISTRICT:—Official samples 126 of which 2 were adulterated: test samples 2, both genuine.

KIRKCALDY DISTRICT:—Official samples 254 of which 21 were adulterated: test samples 1, genuine.

ST Andrews District:—Official samples 143 of which 17 were adulterated: test samples 26, all genuine. Further particulars are furnished in the following tabular statements.

In November 1924, a recommendation was submitted by Kirkcaldy District Committee to the County Council that a copy of the analysis of any milk sample found to be genuine should be available to the dairyman. The County Council finally decided that where analysis proved the sample genuine, the result should be reported to the seller as satisfactory, no details being given. This left matters where they were.

Tables of Samples and Results of their Analysis.

# CUPAR DIVISION.

#### COUNTY DISTRICT.

OFF	ICIAL			(
	Gen.	Adult.	Total	
	38	4	42	
eet				
	2		2	
	2		2	
	1		1	
	1		1	
	2		2	
	1		1	
	2		2	
	1		1	
	1		1	
	1		1	
•••	1	_	1	
• • •	1	-	1	
	1		1	
	55	4	59	
	eet	Gen. 38 eet 2 2 1 1 2 1 1 1 1 1 1 1	38 4 eet 2 — 1 — 1 — 2 — 1 — 1 — 1 — 1 — 1 — 1 — 1 — 1 — 1 — 1 — 1 — 1 — 1 — 1 —	Gen. Adult. Total 38 4 42  eet 2 — 2 2 — 2 1 — 1 1 — 1 2 — 2 1 — 1 2 — 2 1 — 1 1 — 1 1 — 1 1 — 1 1 — 1 1 — 1 1 — 1 1 — 1 1 — 1 1 — 1

The	above	noted	adulterated
		milk	contained the
ollowin	g :—		

	Non-Fatty	Added	Added
at %	Solids	Skimmed	Water
	%	Milk %	%
2.55	8.92	15.00	
3.47	7.90		7.05
4.69	7.70		9.41
2.12	9.13	29.33	

	′	TEST.		
		Gen.	Adult.	Total
Sweet		2		2
Whisk	y d Spirit	5	1	$\frac{2}{6}$
Dilute	d Spirit	1	-	1
				_

#### AUCHTERMUCHTY BURGH.

		CIAL.		1-		TE	ST.		
Sweet Milk	•••	Gen. 11	Adult.	Total 11	Sweet Milk		Gen.	Adult.	Total 2
Total		11		11	Total	١	2	1— .	2

# FALKLAND BURGH.

	Official.	Test.
	Gen. Adult. Total	Gen. Adult. Total
Sweet Milk	10 — 10	
Total	10 — 10	
10141	10	

# LADYBANK BURGH.

OFFICIAL, Gen. Adult. Total Sweet Milk 10 3 13	TEST.  Gen. Adult. Total  Cream 1 — 1  Butter 1 — 1
Total 10 3 13  The above noted adulterated	Total 2 — 2

 $\begin{array}{c} \text{samples of sweet milk contained the} \\ \text{following:----} \\ \text{Non-Fatty} & \text{Added} & \text{Added} \\ \text{Fat \%} & \text{Solids} & \text{Skimmed} & \text{Water} \\ \text{\%} & \text{Milk \%} & \text{\%} \\ 2.16 & 9.12 & 28.00 & --- \end{array}$ 

## NEWBURGH BURGH.

Official.						
			Gen.	Adult.	Total	
Sweet M	lilk		13	2	15	
1	otal	•••	13	2	15	
The	above	no	ted	adulter	ated	
samples	of swe	eet m	ilk co	ntained	l the	
followin						
	Non-F				dded	
Fat %	Soli	ds		nmed		
	%		Mil	lk %	%	
2.97	1.8		_		4.00	
3.17	8.2	5		-	2.94	

TEST. Gen. Adult. Total

# DUNFERMLINE DIVISION.

### COUNTY DISTRICT.

TEST.

OFFICIAL.

Gen. Adult. T Sweet Milk 60 2	62
Skimmed Milk 3 — Pasteurised Milk 5 — Condensed Milk 3 —	3 5 3
Whisky 5 —  Total 76 2	$\frac{5}{78}$
The above noted adulterat	
samples of sweet milk contained t following:— Non-Fatty Added Ad	
Fat % Solids Skimmed Wa	ater %
3.32   7.64   - 10	.11
COWDEN	BEATH BURGH.
Official. Gen. Adult. To	otal. TEST. Gen. Adult. Total
	33 1
Fruit Wine 2 — Whisky 3 —	1 2 3
Total 40 —	40

# CULROSS BURGH.

	OFFI	CIAL.				TE	ST.		
		Gen.	Adult.	Total			Gen.	Adult.	Total
Sweet Milk	•••	2		2	Sweet Milk		2		2
Butter		1		1					
Lard		1		1					
Semonlina		1		1					
Ground Rice		1		1					
Castor Oil		1		1					
Cream of Tart	ar	1		1					
Total		8		8	Total		2		2

# KIRKCALDY DIVISION.

# COUNTY DISTRICT.

	Or	FIC	IAL.		
			Gen.	Adult.	Tota
Sweet Mill	k.		99	6	105
Pasteurise	d Milk		4		4
Whisky .			3	5	8
Butter .			8		8
Margarine			6		6
Pepper .			4	_	4
Cinnamon			3		3 2
Cream of	Tartar		2	_	2
Rice .			4	_	4
Figs .			1		1
Tea .			2	_	2
Lard .			1	_	1
Camphora	ted Oil	1	1	_	1
Tot	tal .		138	11	149

			adultera	
samples	of sweet	milk	contained	the
followin.	σ·—			

TOTIONIT	15		
	Non-Fatty	Added	Added
Fat %	Solids	Skimmed	Water
, ,	%	Milk %	%
2.46	9.10	18.00	-11
2.84	8.65	5.33	
2.05	8.75	31.66	
2.46	8.06		5.58
3.68	7.98	_	6.11
3.27	7.53	_	11.41

Pasteurised Milk	1	 l

TEST.

			 10
Total		1	1
- 0 000	• • • •		 

### LESLIE BURGH.

#### OFFICIAL. Gen. Adult. Total Sweet Milk 11 2 13 1 Whisky ... 1 2 Butter 2 2 2 Pepper ... Tapioca ... Cream of Tartar Total 20 17

The above noted adulterated samples of sweet milk contained the following:—

10110 1111	*D *		
	Non-Fatty	Added	Added
Fat %	Solids	Skimmed	Water
, ,	%	Milk %	%
3.17	8.23	'	3.17
3.77	7.98		6.11

TEST.
Gen. Adult. Total

# LEVEN BURGH.

			9 10	
	Offi	CIAL.		
		Gen.	Adult.	Total
Sweet Milk		25	2	27
Butter		1		1
Pepper		1		1
Cream of Tarta	ar	1		1
Cinnamon	• • • •	1		1
Total		29	2	31
		-		

TEST. Gen. Adult. Total

The above noted adulterated samples of sweet milk contained the following:—

	Non-Fatty	Added	Added
Fat %	Solids	Skimmed	Water
	%	Milk %	%
2.59	8.88	13.66	_
3.15	8.16		4.00

### LOCHGELLY BURGH.

	OFFI	CIAL.		
		Gen.	Adult.	Total
Sweet Milk		24	4	28
Whisky		2	1	3
Butter		3	_	3
Margarine		1		1
Egg Powder		1		1
Camphorated	Oil	1		1
_				
Total		32	5	37

Gen. Adult. Total

TEST.

The above noted adulterated samples of sweet milk contained the following:—

	OTTO MAT	ug		
		Non-Fatty	Added	Added
F	at %	Solids	Skimmed	Water
		%	Milk %	%
	2.11	8.85	29.66	
	2.73	8.59	9.00	_
	2.79	9.05	7.00	1
	3.00	7.70	_	9.41

# MARKINCH BURGH.

	Offi	CIAL.		
		Gen.	Adult.	Total
Sweet Milk		9		9
Sausages		3		3
Butter		2		2
Pepper		1	-	1
Cinnamon		1		1
Cream of Tarta	ar	1		1
Total	•••	17	-	17

TEST. Gen. Adult. Total

# ST ANDREWS DIVISION.

# COUNTY DISTRICT.

		CIAI,.	Adult.	Total	TEST.	ı. Adult. Total
Sweet Milk		10	_	10	Sauce 4	— 4
Whisky	•••	2	3	5	Essence of Coffee 3	_ 3
					Marmite Extract 1	- 1
					Sponge Cake 3	<del>-</del> 3
					Meat Paste 1	- 1
					Cinnamon 1	- 1
Total	•••	12	3	15	Total 13	<b>—</b> 13

# EAST ANSTRUTHER BURGH.

Sweet Milk	OF:	FICIAL Gen. 12	Adult. —	Total 12	TEST. Gen. Adult. Total
77.4.1		10		10	

# WEST ANSTRUTHER BURGH.

Sweet Milk	Official.  Gen. Adult. Total 4 — 4	Test. Gen. Adult. Total
Total	4 — 4	-

# CRAIL, BURGH.

	Offic	CIAL.			TEST.	
		Gen.	Adult.	Total	Gen. Adult. Tot	al
Sweet Milk	•••	9		9	Coffee Essence 3 — 3	3
Whisky	•••	1	2	3	Sauce 1 — 1	
Margarine		1		1	Meat Paste 3 — 3	
					Cinnamon 3 — 3	3
					Tinned Tongue 1 — 1	
					Polony 1 — I	
					Sponge Cake 1 — 1	•
					m	-
Total	•••	11	2	13	Total 13 — 13	5
						-

# ELIE BURGH.

(	OFFI	CIAL.		
		Gen.	Adult.	Total
Sweet Milk		10	9	19
Coffee Essence		1	_	1
Sauce		1	_	1
Meat Paste		3		3
Coffee		1	_	1
Fish Paste		1	_	1
Rusks		1	_	1
Veal Loaf	• • •	1	.—	1
Total		19	9	28

The above noted adulterated samples of sweet milk contained the following:—

	Non-Fatty	Added	Added
Fat %	Solids	Skimmed	Water
	%	Milk %	%
2.78	8.95	7.33	
2.52	8.82	16.00	
2.45	8.68	18.33	
2.51	8.73	16.33	
2.61	8.57	13.00	
2.60	8.85	13.33	
2.91	8.67	3.00	
2.92	8.52	2.66	
2.73	9.06	9.00	

TEST. Gen. Adult. Total

# KILRENNY BURGH.

	OFFI	CIAL.		
		Gen.	Adult.	Total
Sweet Milk		7	_	7
Sponge Cake		2	_	2
Sauce		3	_	3
Coffee Essence		3	_	3
Meat Paste		2	_	2
Cinnamon		2	_	2
Margarine	• • •	1	_	1
Total		20	_	20

TEST. Gen. Adult. Total

### NEWPORT BURGH.

	_			
	<b>OFFI</b>	CIAI,		
		Gen.	Adult.	Total
Sweet Milk		14	1	15
Coffee Essence	•••	3		3
Meat Paste		3		3
Cinnamon	•••	2	_	2
Sponge Cake	•••	2	_	2
Sauce	•••	1	_	1
Cheese	•••	1	_	1
Total	•••	26	1	27

The adulterated sample of sweet milk contained 2.55% of fat and 8.91% of non-fatty solids or 15.00% of added skimmed milk.

TEST. Gen. Adult. Total

# TAYPORT BURGH.

(	OFFI	CIAL.		
		Gen.	Adult.	Total
Sweet Milk		8	_	8
Whisky		4	2	6
Coffee Essence		2		2
Fruit Relish		1	_	1
Cinnamon	• • •	1		1
Sauce		2		2
Camphorated C	il	1	-	1
Sausage	•••	3	100	3
Total	•••	22	2	24
		1	******	

TEST. Gen. Adult. Total County of Fife.

# Statistical Tables

FOR

CUPAR DISTRICT

DUNFERMLINE DISTRICT

KIRKCALDY DISTRICT

ST ANDREWS DISTRICT

# I.—Return of Cases of INFECTIOUS DISEASE notified, &c., during the year ending 31st December, 1924

Population, Census 1921—15,418; Population estimated to middle of 1924—14,827 COUNTY OF FIFE DISTRICT OF CUPAR

Number of Cases coming to the Knowledge of the Medical Officer of Health												
File	1		T,	At A	ge—	Year	s			pe		
DISEASE	At all Ages	Under 1	l and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	Cases removed to Hospital	Cases not removed to Hospital		
A—Diseases specified in the Infectious Disease (Notification) Act, 1889												
Typhoid or Enteric Fever Scarlet Fever or Scarlatina Diphtheria and Membranous	31		6	1 16	$\begin{bmatrix} 2\\9 \end{bmatrix}$	1			$\begin{bmatrix} 2\\29 \end{bmatrix}$	$\begin{bmatrix} 2 \\ 2 \end{bmatrix}$		
Croup Erysipelas	9 10			6	1 	2 4	 5	ï	7	9	n	
Total	 54		$-\frac{1}{6}$	23	12	7	$-{5}$	1	39	15	pı	
B—Diseases notifiable in t								DER S	Secti	ON	ren H	
Ophthalmia Neonatorum Acute Primary Pneumonia Acute Influenzal Pneumonia Pulmonary Tuberculosis Non-Pulmonary Tuberculosis	$\begin{array}{ c c } 1 \\ 10 \\ 6 \\ 16 \\ 11 \\ \end{array}$	1 1 	1 2	5  2 3	1 3 4 1	1 2 7 1	 1  3 2	1  2	1  7 1	1 9 6 9 10	fir d	
10180	10	) 1	/ L.	2,6,3		112						
Total of $A$ and $B$	98	2	9	33	21	18	11	4	48	50		
C-Diseases to which the (Notification) Act have			ENDE									

Auchtermuchty Joint Infectious Diseases Hospital; St Michaels Joint Infectious Diseases Hospital; Glenlomond Sanatorium.

Number of Persons resident in the District as at 31st December, 1924, who were known to be suffering from Tuberculosis—

					37
Non-Pulmonary Tuberculosis only					24
Both Pulmonary and Non-Pulmonar	ry	Tubercul	osis	• • •	2

Total ... ... 63

# II.—Return of Cases of DEATHS registered during the year ending 31st December, 1924

### DISTRICT OF CUPAR

		1
Population, Census 1921	15,418	Rates per 1000 of Estimated Population
Estimated to middle of 19	24 14 827	Birth-rate (uncorrected) 15.9
2300 marcon to mandato of 16	11,021	Birth-rate (corrected for transfers) 16.8
		Illegitimate Birth-rate per 100 Total Births
Numbers.		(corrected for transfers) 12.9
Pintha (samusated for turnami	pts) 249	Marriage-rate (uncorrected) 5.4
Births (corrected for transcri		Death-rate—All Causes (uncorrected) 17.7
Do. Illegitimate (do.)	32	Do. do. (cor. for trans.) 15.2
Marriages (uncorrected)	80	Do. do. (cor. for trans. and
Deaths ( do. )	262	adjusted for age and sex distribution) 11.6
		Death-rate—All Tuberculosis (corrected
Do. transferred out	63	for transfers) 0.81
Do. do. in	27	Death-rate—Tuberculosis of Respiratory
Do. (corrected) both sexes	226	System (corrected for transfers) 0.54
Do. (corrected) both sexes	220	Death-rate—Principal Epidemic Diseases
		(corrected for transfers) 0.34
		Infantile Mortality Rate (Deaths under 1
		year per 1000 Births) 72
		year per 1000 minis) 12

# CAUSES OF DEATH (CORRECTED FOR TRANSFERS)

											_				
		l Ag	es						$\mathbf{A}\mathbf{G}$	E					
CAUSES OF DEATH	Both	м	F	-1	1-	5-	10	15	25	<b>3</b> 5	45	55	65	75	85 up
						_		_			_			_	_
Measles	1		1	- 2			1							1	
Whooping-Cough	lî	1			ii.	1	ı.Î								
Diphtheria	1		1			1									
Influenza	10	2	8					2			1		2	5	
Encephalitis Lethargica	1	1										1			
Tuberculosis of Respiratory System	8	4	4				1	1	2	2		2			
Tuberculous Meningitis	1		1				1								
Tuberculosis of Intestines & Peritoneum	1		1								1				
Other Tuberculous Disease	2	1	1			1		1							
Malignant Tumours	19	4	15						1		3	3	6	5	1
Rheumatic Fever	1	1											1		
Apoplexy	31	12	19					1		1	$\frac{2}{3}$	5	10	9	3
Heart Disease	34	15	19					1		1	3	6	13	10	
Diseases of Arteries	7	4	3									1	5	1	
Bronchitis	20	8	12		1					1		3	6	9	
Pneumonia (all forms)	6	5	1	1								1	1	2	1
Other Diseases of Respiratory System	4	2	2								1			2	1
Diarrhœa and Enteritis (under 2 years)	2	2	• • • •	$^{2}$											
All Diseases of Liver (not Malignant)	2		2	•••						1	1				
Nephritis, Acute and Chronic	10	6	4			• • •			1	• • •	1	2	4	1	1
Other Dis. and Acc. of Preg. and			١,										ш		
Parturition	1		1		• • •	• • •			1				• • •	•••	• • •
Dis. of Early Infancy and Malforma-	1 7 -	0	0	١,,,											
tions Suicide	15	6	9	15							• •		•••		• • •
	2	1	1						1	•••		1			
Other Violent Deaths	8	3 15	5	• • • •			-10	1			2		2	2	I
Other Defined Diseases Causes Ill-defined or Unknown	34	10	19		• • •			1	2	• • •	4	4	3	13	1
causes in-denned or Unknown	1 4	3	1		•••	•••				1	1		2	1	••
ALL CAUSES	226	96	130	18	1	3	3	8	8	6	20	29	55	<del>6</del> 0	15
	-						-	1				1			

# I.—Return of Cases of INFECTIOUS DISEASE notified, &c., during the year ending 31st December, 1924

Population, Census 1921-34,870; Population estimated to middle of 1924-34,897

COUNTY OF FIFE DISTRICT OF DUNFERMLINE												
	Number of Cases coming to the Knowledge of the Medical Officer of Health											
2727.27			At Age—Years									
DISEASE	At all Ages	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	Cases removed to Hospital	Cases not removed to Hospital		
A—DISEASES SPECIFIED IN THE	INFE	CTIO:	ns D	ISEAS	E (N	<b>ስጥ</b> ፒፑፒ	CATTO	N) A	or 1	889		
Typhoid or Enteric Fever Scarlet Fever or Scarlatina	1 94	ï	26	1 54	8	5			84	1 10		
Diphtheria and Membranous Croup Erysipelas Puerperal Fever	49 31 2	"i	10 1 	34	5 2 1	13 1	i0 	"i	47 2 1	2 29 1		
Total	177	2	37	92	16	19	10	1	134	43		
B—Diseases notifiable in terms of Regulations made under Section 78 of the Public Health (Scotland) Act, 1897												
Ophthalmia Neonatorum Acute Primary Pneumonia Acute Influenzal Pneumonia Pulmonary Tuberculosis Non-Pulmonary Tuberculosis	27 73 10 65 29	27 11 1 	26 2 2 10	12 1 23 11	11  9 4	9 3 21 2	3 2 9 2	1 1 1 	3 1 21 4	27 70 9 44 25		

 ${\it C}$ —Diseases to which the Provisions of the Infectious Disease (Notification) Act have been extended by the Local Authority Nil

Total of A and B | 381 | 41 | 77 | 139 | 40 | 54 | 26 | 4 | 163 | 218

Name of Hospital or Hospitals in which Cases were treated—

Dunfermline District Joint Infectious Diseases Hospital; Glenlomond Sanatorium

Number of Persons resident in the District as at 31st December, 1924, who were known to be suffering from Tuberculosis—

Non-Pulmonary Tuberculosis only Both Pulmonary and Non-Pulmonary Tuberculosis	 76 11
Total	 215

# II.—Return of Cases of DEATHS registered during the year ending 31st December, 1924

# DISTRICT OF DUNFERMLINE

Population, Census 1921 34,870 Estimated to middle of 1924 34,897  Numbers.  Births (corrected for transcripts) 831 Do. Illegitimate (do.) 47 Marriages (uncorrected) 209 Deaths ( do. ) 356 Do. transferred out 13 Do. do. in 65 Do. (corrected) both sexes 408	Rates per 1000 of Estimated Population.  Birth-rate (uncorrected)
	Infantile Mortality Rate (Deaths under 1 year per 1000 Births) 101

# CAUSES OF DEATH (CORRECTED FOR TRANSFERS)

	Both Sexes	1 Ag	ges	AGE											
CAUSES OF DEATH		М	F	-1	1-	5-	10	15	25	35	45	55	65	75	dn 98
	1		_											1	
Measles	$\begin{vmatrix} 2\\3 \end{vmatrix}$		2	3	2			• • •			1			• • •	• • •
Whooping-Cough	3	2	1	3		•••	•••	•••		•••	• •	• • •	•	•••	• • •
Diphtheria	1,1	1			1	• • •	•	• • •				•••			
Influenza	19	10	9	2	$\frac{1}{2}$	• • •	•••		1	2		• • •	6	z	1
Encephalitis Lethargica	3	1	2			• • •	•	• • •	• • • •	•••	1		4	•••	
Other Epidemic Diseases	4	3	1	2					٠.,			1			• • •
Tuberculosis of Respiratory System	15		7		1	• • •		9	4	1		2		•••	• • •
Tuberculous Meningitis	2	$\frac{2}{2}$	•••		2	•••					• • •		•	• • •	• • •
Tuberculosis of Intestines & Peritoneum	4	2	$\frac{2}{1}$		4	• • • •	•••	• • •					•••	• • •	• • •
Other Tuberculous Disease	2	1				•••					1	1			
Malignant Tumours	30		19					• • •	1	2	1	4	12	10	• • •
Rheumatic Fever	1	1			1						••	• • •	• • •	• • •	
Meningitis (not Cer. Spin. or Tuberc.)	3	2	1												
Apoplexy	30		18		• • •					•••	2	5	6		4
Heart Disease	20		9					1			3		11	3	
Diseases of Arteries	10	8	$\frac{2}{16}$						٠.			2	3	3	2
Bronchitis	36				1							3	14	9	2
Pneumonia (all forms)	38	20	18		11			2		1	3	3	2	2	1
Other Diseases of Respiratory System	4	3	1	1			1							1	1
Diarrhœa and Enteritis (under 2 years)	5	3	$\frac{2}{7}$	4	1										
Appendicitis	9	2	7			1	4	2			1		1		
All Diseases of Liver (not Malignant)	2	1	1									1	1	•••	
Nephritis, Acute and Chronic	9	2	7	1						2	2	1	3		
Puerperal Sepsis	1		1					.,		1					
Other Dis. and Acc. of Preg. and		1.39		- 1											
Parturition	5		5					1	2	2					
Dis. of Early Infancy, and Malforma-								0.3							
tions	40	23	17	40											
Other Violent Deaths	16	15	1		1	1	1	3	1	4	4			1	
Other Defined Diseases	88	45	43	8		1 2		2	3	 4 6	6	7	16	30	6
Causes Ill-defined or Unknown	6	5				١		W.				2			
100	-														
ALL CAUSES	408	214	194	84	30	5	6	16	12	21	30	34	76	77	17
	1.		1												

# I.—Return of Cases of INFECTIOUS DISEASE notified, &c., during the year ending 31st December, 1924

Population, Census 1921—44,569; Population estimated to middle of 1924—43,830

COUNTY OF FIFE			DIS'	TRIC	T O	F K	IRK	CAL	DY		
		Nu Knov	WLED	R OF OGE O	F TH	es co e Mi ealt	EDICA	TO L O	THE	R	
				At A	ge—	Year	'S			p	
DISEASE	At all Ages	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	Cases removed to Hospital	Cases not removed to Hospital	
A-DISEASES SPECIFIED IN THE	Infi	ECTIO	us D	ISEAS	E (N	OTIF	CATI	on) A	ACT, I	1889	
Typhoid or Enteric Fever Scarlet Fever or Scarlatina Diphtheria and Membranous	12 153	···	30	97	19	$\begin{vmatrix} 1 \\ 6 \end{vmatrix}$			10 141	$\begin{vmatrix} 2\\12\end{vmatrix}$	
Croup Erysipelas Puerperal Fever	80 22 3	1 1 	16 1 	52 1 	6 2 1	4 6 2	9	2 	77 3 1	3 19 2	
Total	270	3	47	157	32	19	10	$-\frac{1}{2}$	232	38	
B-Diseases notifiable in 78 of the Publi									SECT	ION	re
Ophthalmia Neonatorum Acute Primary Pneumonia	19 94	19	35	23	13	12	3	 		19 86	Í
Acute Influenzal Pneumonia Pulmonary Tuberculosis Non-Pulmonary Tuberculosis	7 82 61	 1	1 1 1	$\begin{vmatrix} 23 \\ 2 \\ 19 \\ 22 \end{vmatrix}$	1 18 18	1 32 6	2 11 4	i	34 5	7 48 56	_
Non-1 uninonary 1 uperculosis	01		14	22	17		4	•••		90	
Total of A and B	533	30	98	223	78	70	30	4	279	254	
C—Diseases to which the (Notification) Act have:								Di	SEASE	3	
Cerebro-Spinal Meningitis	1		1						1		
				)	1	]	1				

Name of Hospital or Hospitals in which Cases were treated—

Kirkcaldy District Joint Infectious Diseases Hospital; Glenlomond Sanatorium.

Number of Persons resident in the District as at 31st December, 1924, who were known to be suffering from Tuberculosis—

Pulmonary Tuberculosis only	 187
Non-Pulmonary Tuberculosis only	 149
Both Pulmonary and Non-Pulmonary Tuberculosis	 21

Total ... .. 357

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# II. — Return of Cases of DEATHS registered during the year ending 31st December, 1924.

# DISTRICT OF KIRKCALDY.

Numbers.  Total Births (Corrected for trans.) 1249 Do. Illegitimate (do.) 81 Marriages (uncorrected) 232 Deaths (uncorrected) 461 Do. (transferred out) 60 Do. ( do. in) 93 Do. (corrected) both sexes 494	Rates per 1000 of Estimated Population Birth-rate (uncorrected)
--	---

#### Causes of Death (Corrected for Transfers)

	Al	l Ag	es (	AGE -1 1-5-10 15 25 35 45 55 65 75										_	_
CAUSES OF DEATH	Both	M	F	-1	1-	5.	10	15	25	35	45	55	65	75	85 up
							_	_			_	_		_	
Measles	9	6	3	3	6					٠	•••				
Scarlet Fever	1	1			1	• • •	• • •	• • •	• • •	• • • •	•••	•••	• • • •	• • •	• • •
Whooping-Cough	5	2	3	3	2	•••	•••	•••	•••	•••	• • •	• • •	•••	• • • •	• • •
Diphtheria Influenza	$\frac{1}{25}$	 14	1 11	6	5		1	1						• • • •	
The second of the Little Total accordance	$\begin{bmatrix} 25 \\ 6 \end{bmatrix}$	4	2		9	1 3	1	1		2	$\frac{2}{1}$	Z	4	•••	1
Cerebro-spinal Meningitis	1	1	2		···	9	1	• • • •		1	1	•••			• • •
Other Epidemic Diseases	3	3			1		•••		•		• • •	9			• • •
Tuberculosis of Respiratory System	28	13	15			•	2	4	7	7	6	-		1	•••
Tuberculous Meningitis	7	4	3		2	1	ĩ		H		2				
Tuberculosis of Intestines and Peri-			J												
toneum	5	3	2	1	3					1					
Other Tuberculous Disease	4	2	$\frac{2}{2}$			1		2		1					
Malignant Tumours	39	16	23						1	4	6	11	12	5	
Rheumatic Fever	3	3					3								
Meningitis (not Cer. Spin. or Tuberc.)	1		1		1										
Apoplexy	37	15	22				• • •			1	5	9		5	2
Heart Disease	45	22	23	•••			• • •	4	2	1	7	1 .	12	7	2
Diseases of Arteries	9	6	3	133				• • •		•••		1	5	3	
Bronchitis	37	17	20	11 7	9	2	1	ï	1	 3	1	4	8 3	1	1
Pneumonia (all forms) Other Diseases of Respiratory System	51	9 2 5	22 3	1	9	1	1	1	1	3	2	$\begin{vmatrix} 4\\2\\1 \end{vmatrix}$	3	1	•••
Diarrhœa and Enteritis (under 2 years)	13	5	8	8	5	1	• • • •	•••		ш	1	1	1	•••	• • •
Appendicitis	6	4	2	l °	U	1	2	1	• • • •	ï	• • •	1		• • • •	• • •
All Diseases of Liver (not Malignant)	lĭ		1					1		İ		1		ï	• • •
Nephritis, Acute and Chronic	6	2	4					1			i		ï	3	• •
Puerperal Sepsis	lĭ		î						1						
Dis. of Early Infancy and Malforma-															
tions	49	26	23	47	2										
Suicide	2	1	1								2				
Other Violent Deaths	29		7		1	1	1		4 2	6 5	7	3		2	
Other Defined Diseases	84	35	49	11	2	1	4	7	2	5	7	8	12	15	10
Causes Ill-defined or Unknown	1		1	1											
ALL CAUSES	494	238	256	104	42	13	16	26	20	33	45	54	75	50	16
TILL CAUSINS	1	200	200	104	12	10	10	20	20	00	10	04	1,0	90	10
				-	_		-	_	-			-	-	_	

# I.—Return of Cases of INFECTIOUS DISEASE notified, &c., during the year ending 31st December, 1924

Population, Census 1921—15,201; Population estimated to middle of 1924—14,607 COUNTY OF FIFE. DISTRICT OF ST ANDREWS.

COUNTY OF FIFE.		1/1	1011	LOT		DI .	AHD	TOT3 A	V 15.	1				
Number of Cases coming to the Knowledge of the Medical Officer of Health														
			-	At A	ge—	Year	s			g				
DISEASE	At all Ages	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	Cases removed to Hospital	Cases not removed to Hospital				
A—DISEASES SPECIFIED IN THE	Infe	CTIO	us Di	ISEAS	E (N	OTIFI	CATIO	ON) A	ACT, 1	889				
Scarlet Fever or Scarlatina Diphtheria and Membranous	58		12	28	14	4			56	2				
Croup Erysipelas	3		2	1 1	l 		2		4	3				
Total	65		14	30	15	4	2		60	5				
B—DISEASES NOTIFIABLE IN T									SECT	ION				
78 of the Publi Ophthalmia Neonatorum	C HI	EALTE	1 (50	OTLA	ND)	ACT,	1897 		1	1				
Acute Primary Pneumonia	11 2		1	2	1	2	2	3		11 2				
Acute Influenzal Pneumonia Pulmonary Tuberculosis	18		ï	6	3	$\begin{vmatrix} 1 \\ 6 \end{vmatrix}$	2		7	11				
Non-Pulmonary Tuberculosis	5		•••	2		2	1		2	3				
Total of $A$ and $B$	102	1	16	41	19	15	7	3	69	33				
C-Diseases to which the (Notification) Act have														
		Ni	Į.											
							-							

noti

dur 19

Name of Hospital or Hospitals in which Cases were treated-

Ovenstone Joint Infectious Diseases Hospital; St Michaels Joint Infectious Diseases Hospital; Glenlomond Sanatorium.

Number of Persons resident in the District as at 31st December, 1924, who were known to be suffering from Tuberculosis—

Pulmonary Tuberculosis only Non-Pulmonary Tuberculosis only Both Pulmonary and Non-Pulmonary Tuberculosis	 26 21 1
Total	 48

# II.—Return of Cases of DEATHS registered during the year ending 31st December, 1924

Population, Census 1921—15,201. Population estimated to middle of 1924—14,607.

#### DISTRICT OF ST ANDREWS,

Population, Census 1921 15	5,201 Rates per 1000 of Estimated Population.
Estimated to middle of 1924 14	
	Birth-rate (corrected for transfers) 19,1
	Illegitimate Birth-rate per 100 Total Births
Numbers.	(corrected for transfers) 8.2
Births (corrected for transcripts)	279 Marriage-rate (uncorrected) 5.3
	Dooth rate All Causes (unacrusated) 19.0
Do. Illegitimate (do.)	23 Do. do. (cor. for trans.). 13.3
Marriages (uncorrected)	78 Do. do. (cor. for trans, and
Deaths ( do. )	176 adjusted for age and sex distribution) 11.4
D. 4	7 Death-rate—All Tuberculosis (corrected
	for transfers) 0.75
Do. do. in	25 Death-rate—Tuberculosis of Respiratory
Do. (corrected) both sexes	194 System (corrected for transfers) 0.55
Bo. (controcod) com somes ····	Death-rate—Principal Epidemic Diseases
	(corrected for transfers) 0.14
	Infantile Mortality Rate (Deaths under 1
	vear per 1000 Births) 47

#### CAUSES OF DEATH (CORRECTED FOR TRANSFERS)

		A 11	l Ag	res	i			_	_	AG	E		_			
CAUSES OF DEATH	Both	Sexes	М	F	-1	1.	5-	10	15			45	55	65	75	dn 98
nfluenza	2	2 11 1 8 1 2 27 1 30 23 4 7 5 2 10 1 6 48 5	1 8 1 2 9 144 166 1 2 2 7 5 24 2	1 3 1 7 1 18 1 16 7 3 5 3 2 3 1 1 24 3						2 3 1 1 3 2	1  1  3	1 1 1 1  5 1 3  1 2 1	1 4 6 4 1 2 1	10 11 8 1 3 2	5 7 5 1 1	2 3 3 1 1 8
ALL CAUSES	19	94	94	100	13	3	1	3	5	12	10	19	28	49	33	18

